ANNUAL REPORT 1989-1990

PLAN OF ACTION 1985–1990 BASED ON THE NAIROBI FORWARD-LOOKING STRATEGIES

FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000

Canada

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Government of Canada / Gouvernement du Canada

MEMORANDUM **NOTE DE SERVICE**

TO / À: Margaret Catley-Carlson
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FROM / DE: Freda L. Paltiel
Departmental Advisory Committee
on the Status of Women/Comité consultatif
ministériel sur la situation de la femme

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ANNUAL REPORT 1989-1990
HEALTH AND WELFARE CANADA
PLAN OF ACTION FOR THE
ADVANCEMENT OF WOMEN 1985-1990

On behalf of the Departmental Advisory Committee on the Status of Women, I have the pleasure of transmitting the **Annual Report** on Health and Welfare Canada's Plan of Action (1985-1990) based on the NAIROBI FORWARD-LOOKING STRATEGIES FOR THE ADVANCEMENT OF WOMEN TO THE YEAR 2000. This report reflects the progress achieved by the Department at end of March 1990, towards implementation of the over one hundred specific initiatives contained in the five-year Plan of Action. As this is the final report in this series, we have included an Overview and Highlights of the five year achievements in Appendix I. The Departmental Advisory Committee is currently embarking on a 1990 - 1995 Plan of Action, similarly based on the Nairobi Forward Looking Strategies.

RAPPORT ANNUEL 1989-1990
SANTÉ ET BIEN-ETRE SOCIAL CANADA
PLAN D'ACTION POUR LA PROMOTION
DE LA FEMME 1985-1990

Au nom du comité consultatif ministériel sur la situation de la femme, j'ai le plaisir de vous transmettre le **Rapport annuel** sur le Plan d'action de Santé et Bien-être social Canada (1985-1990) inspiré des STRATÉGIES PROSPECTIVES D'ACTION DE NAIROBI POUR LA PROMOTION DE LA FEMME JUSQU'À L'AN 2000. Ce rapport expose les progrès accomplis par le Ministère jusqu'à la fin de mars 1990 en ce qui concerne la mise en oeuvre de plus d'une centaine d'initiatives s'inscrivant dans le plan quinquennal. Puisque ce rapport est le dernier de la série, nous avons inclus, à l'annexe 1, une vue d'ensemble et les faits saillants des cinq dernières années. Le comité consultatif ministériel s'est engagé dans le Plan d'action 1990-1995, basé également sur les Stratégies prospectives d'action de Nariobi.

Freda L. Paltiel
Chair/Présidente

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TO THE YEAR 2000

1991

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INTRODUCTION AND OVERVIEW

This is the final Report on Health and Welfare Canada's (HWC) Plan of Action (1985-1990) based on the "Nairobi Forward-Looking Strategies for the Advancement of Women to the Year 2000" (FLS), covering the period April 1, 1989 to March 31, 1990. The scope and details of the Departmental Plan of Action which this report addresses appeared in Appendix I of the 1985-86 Report. This Introduction provides highlights of the activities of the Office of the Senior Adviser Status of Women (OSASW) for the period under review. A brief overview and highlights of the quinquennium is contained in Appendix I.

The SASW advises, coordinates and monitors on departmental policies and programs as they relate to women and their families. She serves as Canada's Focal Point for Women Health and Development (WHD). Under her direction, the Departmental Advisory Committee on Status of Women Concerns translated the Nairobi FLS into over 100 specific initiatives which together comprise the Department-wide Plan related to the mandate of Health and Welfare Canada.

One of the major Departmental activities of 1990 has been the development of a new Plan of Action (1990-1995) as part of our implementation of the Nairobi Forward-Looking Strategies (FLS) for the Advancement of Women to the Year 2000 and the Pan American Health Organization (PAHO) Regional programmes for Women, Health and Development (WHD).

Proceedings of the National Symposium on Changing Patterns of Health and Disease in Canadian Women

A major achievement of the year in review was the publication in both official languages of the 200-page, **Proceedings of the National Symposium on Changing Patterns of Health and Disease in Canadian Women**, a comprehensive report on this pathfinding meeting that took place in Ottawa, April 18-20, 1988. The Symposium was part of Canada's implementation of the PAHO Regional FLS on WHD. The Proceedings have been strategically distributed nationally and internationally to women's organizations, governments, the academic and research communities, international health organizations and other pivotal individuals and groups involved in women's health. Among the issues addressed by the participants were: family violence, reproductive health, mental health, chronic disease and disability, the needs of currently disadvantaged women's groups i.e. seniors, poor, native, disabled and immigrants, as well as research and development priorities. The participants proposed forward-looking strategies to promote and protect women's health with regard to: healthy public policy, appropriate health care services and enhancing coping, caring and control. Some copies of the **Proceedings** are still available on request from the Office of the Senior Adviser.

Federal/Provincial/ Territorial Working Group on Women's Health

In June 1988 the Conference of Deputy Ministers of Health established a **F/P/T Working Group on Women's Health**, initially chaired by the SASW, meeting twice annually and reporting directly to the Conference of DM's on the current and emerging health concerns of Canadian women. This Working Group held two meetings during this period, in September 1989 in Ottawa and in March 1990 in Quebec City. The meetings concentrated on development of a conceptual framework to address the major women's health concerns across Canada. A second assignment for the

Working Group has been the development of a paper on mental health of women. The OSASW provides the secretariat for the Working Group.

The Nairobi Forward-Looking Strategies for the Advancement of Women (FLS) and the PAHO Plan of Action on WHD (1986-1990)

International activities during this period remained extensive, particularly within the Region, involving close continuing cooperation with the Pan American Health Organization (PAHO). As Canada's Focal Point on WHD, and as Chair of the PAHO Executive Subcommittee on Women, Health and Development, the SASW has continued to play an active role in the promotion of concerted actions on WHD as well as maintaining and increasing activities to inform women's NGOs, government officials and health professionals of the PAHO Plan of Action, i.e. the Regional Forward-Looking Strategies on WHD. The SASW was a delegate to the PAHO Executive Committee and Directing Council, where she contributed to the enhancement of internal and external coordination of efforts and overview of past, present and future activities. The OSASW served as a training centre for PAHO's WHD Coordinator, East Caribbean and further residencies are planned.

The SASW was a member of the Canadian delegation to the 34th Session of the U.N. Commission on the Status of Women (March 1990). The Report and recommendations of the U.N. Expert Group Meeting on Social Support Measures for the Advancement of Women, which the SASW participated in, formed the basis of a document released as the **Report of the Secretary-General on Women and Education, Eradication of Illiteracy, Employment, Health and Social Services including Population Issues and Child Care: the need for social support measures** (E/CN.6/1989/6) which was the source document for deliberations on the priority theme of Development at this session of the UNCSW.

In July 1989, the SASW attended WHO's **Consultation on Emerging Needs in Family Health** at WHO Headquarters, Geneva for which she prepared a discussion paper on "Family Health: New Perspectives and Emerging Needs for the Nineties". She also gave the opening address and reviewed and edited the final report of this meeting of global experts, which centred on emerging concerns, primarily the need for policies addressing harmonization of work and family responsibilities, and family health, issues which were also the focus of important domestic policy and program development during the period.

Activities took place with several other international agencies during this period, including the U.N. Commission on the Status of Women, the World Health Organization (WHO), the International Planned Parenthood Federation (IPPF), and UNIFEM. The OSASW also provided briefings on WHD matters for the Canadian and Federal Delegations to various meetings, including UNICEF and the UN Commission on the Status of Women.

At the national level, the OSASW coordinated comprehensive HWC input on the major activities undertaken as part of Health and Welfare Canada's Plan of Action (1985-1990) to the January 1990 update to the **FACT SHEETS on the Nairobi FLS: Issues and the Canadian Situation**, coordinated by Status of Women Canada.

Health Aspects of Family Violence

Departmental activities during this period centred upon the Family Violence Prevention Directorate in the Social Service Programs Branch which assumed a leadership role in developing a national approach to family violence (see III-I). The SASW participated in the National Forum on Family Violence, June 1989, in Ottawa, and continued to work in an advisory and consultative capacity with various bodies,

including a guest lecture to the 4th year Nursing Class at Ottawa U. on this topic.

Immigrant and Visible Minority Women

The OSASW on behalf of the Department continued to place particular emphasis on policy and program development needed to address the expressed views and concerns of immigrant and visible minority women. During this period, multiculturalism became a mainstream issue, favouring the integration of culture-relevant concerns into most, if not all, policy reviews and development.

Contacts were maintained with the President and representatives of the National Organization of Immigrant and Visible Minority Women of Canada. The OSASW worked with the Mental Health Division, Health Services and Promotion Branch on the follow-up to the 1989 report of the Federal Task Force on Mental Health Issues Affecting Immigrants and Refugees, **After the Door Has Been Opened: Mental Health Issues Affecting Immigrants and Refugees in Canada** which included a chapter on the special needs of immigrant and refugee women. (see XII)

The SASW represented HWC at meetings of the Interdepartmental Committee on Immigrant and Visible Minority Women, and information sharing and consultations on these concerns with NGOs and with the F/P/T Working Group on Women's Health were continued and expanded during this period.

The SASW also continued to work with all provincial and territorial ministries of health across Canada, via the F/P/T Working Group on Women's Health in order to strengthen intergovernmental liaison on the health and social service concerns of immigrant and visible minority women.

The SASW continued to collaborate with a growing number of NGOs and academics undertaking activities to promote the development of appropriate health and social services to help meet the "critical socio-economic needs" of this group, and included references to the situation and needs of immigrant and refugee women in publications prepared for international organizations.

Mental Health

Mental health remained an important focus of activity nationally and internationally throughout the period. The SASW briefed the F/P/T Advisory Committee on Mental Health on mental health concerns of Canadian women, delivered a keynote address on "Mental Health Policy with Women in Mind" to the CMHA National Conference on Women's Mental Health, May 1989 in Banff, Alberta, and a guest lecture on "Women and Mental Health" at the Public Health and Community Medicine Faculty of the Hebrew University, Jerusalem. The Office responded to numerous requests for copies of the 1987 monograph on "Women and Mental Health: A Post Nairobi Perspective" published in **WHO World Health Statistics Quarterly** (vol. 40, no. 3) and "Is Being Poor a Mental Health Hazard?" published in **Women and Health** (vol. 12, nos. 3/4).

The SASW worked with the Women and Psychiatry section of the Canadian Psychiatric Association on bridge-building to other physicians, psychologists, social workers, nurses and mental health advocates and consumers.

Family Supports

Continuing interest in family policy issues both nationally and internationally brought growing demands on the OSASW, particularly in policy development on initiatives relating to the integration of work and family responsibilities.

Consultations on **Child Care** took place during this period, following the implementation of three of the four planned components of the National Child Care Strategy (see II-1). The SASW received the views of many concerned stakeholders and continued to work in an advisory and consultative capacity with various bodies. Her article on

"Child-rearing - A task for fathers as well as mothers", was published in **WHO World Health Forum** (vol. 10, 1989).

Occupational and Environmental Health

Consultations have continued during this period with the Women's Bureau, Labour Canada and professionals in the field to institute collaborative initiatives to promote gender-sensitive research as well as policy and program development in women's occupational health. The SASW contributed a chapter on "Shaping the Future for Women: An International Perspective" to the Addiction Research Foundation's book **Women, Work and Wellness.**

The SASW was invited to participate in a workshop on the health of women workers at the 58th Congress of the Association Canadienne-française pour l'avancement des sciences, Laval University, Québec, P.Q. She continued as an observer at the meetings of the F/P/T Advisory Committee on Environmental and Occupational Health, where she provided briefings on developments regarding the occupational health concerns of women. (see IX)

Women's Health Research

The SASW collaborated with the Laboratory Centre for Disease Control on development of a special issue of **Chronic Diseases in Canada** focused on women and with the Health Promotion Directorate on the production of the **Active Health Report on Women,** based on the results of the 1985 Canada Health Promotion Survey. (These publications were slated for distribution in May 1990.) (see VII)

Reproductive Health

During this period, the SASW provided policy advice to the Department and consulted with other interested professionals and NGOs on a wide range of issues related to the reproductive health of women. She took part in the national Workshop on Screening for Cancer of the Cervix and was a panellist at the V International Conference on AIDS, Montreal, June, 1989.

The growing concerns of women with experimental development and clinical use of new reproductive technologies, such as in vitro fertilization, oocyte and embryo donation, artificial insemination and surrogate motherhood culminated during this period in the creation of the Royal Commission on New Reproductive Technologies. Several national women's groups were very active in advocating policy development to effectively address these, including proposals for the new Royal Commission.

Native Women

Departmental consultations continued with regard to specific initiatives in the Departmental Plan of Action (1985-1990) addressing the needs of Native women and their families (see Chapter XI), particularly concerning Native child care and the issue of family violence in the North. The OSASW also reviewed and summarized statistical data on the health status of Native women for incorporating references to the needs and concerns of Native women in various working papers.

Women and Pension Reform

The SASW continued to monitor and advise on developments related to pension reform as they affect women, as well as taking part in consultations with the Income Security Programs Branch on their policy development work on changes to Survivors' Benefits under the CPP.

Senior Women

Women comprise the majority of the senior population, their proportion rising with age. Greater public awareness of the needs of older women and greater articulation by older women of their own needs are fuelling policy and program development throughout the industrialized world. The needs and concerns of senior women received particular

attention in the deliberations of the F/P/T Working Group on Women's Health. In this and other work during this period, the OSASW was assisted by a graduate student from the Faculty of Health Administration of Ottawa U. undertaking her residency for a Masters (MHA) degree.

The OSASW collaborated closely with the Seniors Secretariat in their follow-up to the National Workshop on Women and Aging, including Workshops which took place in Alberta and Manitoba in the Fall of 1989 (see also VI-1a). A representative of the OSASW took part in the annual Information Sharing Day on Seniors, in March 1989.

International Women's Day

The OSASW organized a successful HWC **International Women's Day**, March 7, 1990 with the theme "Saluting the Caregivers", addressed by the Honourable Perrin Beatty, Minister, National Health and Welfare Canada and an NGO panel composed of Michael Smith of the AIDS Committee of Ottawa, Tove Brown, representing the V.O.N., Madeleine Honeyman, Alzheimer Society of Ottawa-Carleton and Bev Jenson, Mothers are Women (MAW).

Women's Organizations

The office continued to monitor and advise on matters related to federal policy and legislative reform to ensure an effective HWC Status of Women perspective to assist the Department and the Minister in responding sensitively and effectively to the briefs, submissions and enquiries from women's groups across Canada. This involved the coordination of HWC responses to briefs from major women's organizations including: the National Council of Women, the Catholic Women's League, the Canadian Advisory Council on the Status of Women (CACSW), "l'Association féminine d'éducation et d'action sociale (AFEAS)", the National Action Committee on the Status of Women (NAC) and several 'ad hoc' coalitions.

The SASW also attended meetings of these groups with the Minister of National Health and Welfare, the Honourable Perrin Beatty.

To encourage continued departmental sensitivity to the emerging issues raised by women's groups, the SASW and/or other officials of her office participated in meetings of the CACSW, the NAC and the Canadian Research Institute for the Advancement of Women (CRIAW), among others. Via the Departmental Advisory Committee, the OSASW disseminated news and information about events sponsored by women's NGO's, encouraging representation and support from appropriate branches of HWC.

I

INCOME SECURITY PROGRAMS

The Income Security Programs Branch administers three programs that provide financial benefits directly to individuals. These are: the Family Allowances program, the Old Age Security program (which includes the Guaranteed Income Supplement and the Spouse's Allowance), and the Canada Pension Plan.

I-I

Family Allowances

The Family Allowances program is designed to supplement the income of Canadian families by providing monthly benefits for children under the age of 18. In two-parent families, the Allowances are usually paid to the mother. The program also provides for Special Allowances which are paid in respect of children under age 18 who are being maintained by a welfare agency, government department or institution.

During the fiscal year 1988-89, Family and Special Allowances were paid to cover 3.6 million beneficiaries in respect of 6.6 million children.

Program Issues

a. Family Allowances Payee

As noted above, Family Allowances are normally paid to the female parent except in certain circumstances where, for example, the parents are separated and the father has sole custody of the children or where the parents have joint custody and both agree, in writing, that the Allowance should be paid to the male parent.

This legislative provision has been challenged under the **Canadian Human Rights Act** and the **Canadian Charter of Rights and Freedoms**, as discriminating on the basis of sex. To date, the Government has taken the position that, in a two-parent family, women continue in most cases to have the prime responsibility for raising children on a day-to-day basis and are therefore the appropriate payee in most cases. Payment of Family Allowances to the mother was also supported by the Parliamentary Committee on Equality Rights in its 1985 report "Equality for All".

b. Family Allowances Survey

The Income Security Programs Branch is undertaking a survey, in the form of a mail-out questionnaire, of some 7,000 families in Canada who receive Family Allowances. The primary objectives of the survey are to gather opinions from these families about the type and quality of service they receive and to help the Branch assess the needs of families in Canada in order to better plan for future program improvements.

c. Family Allowances Redesign Project

During the period under review, the Branch implemented a major project involving the complete automation, at the national level, of the administration and payment of Family Allowances benefits. This new system will result in improved client service and reduce the costs of delivering the Family Allowances Program.

I-2

Old Age Security

The Old Age Security (OAS) program provides a basic level of income for Canadians aged 65 or older. A Guaranteed Income Supplement may be added to the OAS pension of a pensioner who has little or no other income. As well, additional income assistance is provided to the spouses, aged 60-64, of OAS pensioners and widowed persons aged 60-64 who have limited income from other sources. These income-tested programs are an important source of retirement income particularly for women. Table 1 is a breakdown of OAS/GIS/SPA beneficiaries by age and sex as of June 1989.

Program Issues

Three Court challenges have been launched against the Spouse's Allowance/Widowed Spouse's Allowance programs on the grounds that the programs violate equality rights guaranteed under the **Charter** because benefit entitlements are limited on the basis of martial status and/or sex.

A fourth action against the Spouse's Allowance program has been initiated in the Federal Court of Canada, alleging discrimination on the basis of sexual orientation because the OAS Act specifies that a spouse must be a person of the opposite sex.

I-3

Canada Pension Plan

The Canada Pension Plan (CPP) is a compulsory, contributory, social insurance program which provides a basic level of protection against the loss of earnings normally associated with the retirement, disability or death of the wage earner. The Plan was also one of the first to introduce, in 1978, the division of pension credits between spouses on divorce in recognition of the fact that marriage is also an economic partnership to which both spouses contribute.

As of January 1, 1987, the division of CPP pension credits is mandatory upon divorce as soon as the Department of National Health and Welfare receives the necessary information. As well, if a legal marriage ends in separation and if the separation has lasted one year, either spouse may apply for a division of pension credits. There is no time limit for making application for a division of credits following separation, except in the event of the death of one of the separated spouses. Further, former partners in a common-law relationship may apply for a division of pension credits within four years after they have separated, if they have been living apart for one year.

The Plan also recognizes that CPP retirement pensions are earned by both spouse during their marriage or common-law union and thus provides for the equal sharing of such pensions. Both spouses must be at least 60 years of age and have applied for the retirement pensions to which they are entitled under the Plan.

Program Issues

a. Survivor Benefits Reform

The Minister of National Health and Welfare tabled a Consultation Paper, **Survivor Benefits under the Canada Pension Plan**, in the House of Commons in September 1987. The paper contained proposals to modify the survivor benefit structure. The proposals had two goals: to reflect social change since the inception of the Canada Pension Plan in 1966 and to address views expressed in 1985 by the Parliamentary Committee on Equality Rights, that benefits be awarded without reference to disability, age or family status.

On April 28, 1988, the Standing Committee on National Health and Welfare tabled its Report in which it identified directions for survivor benefits reform and made a number of recommendations intended to modify the major proposal outlined in the Consultation Paper. In September 1988, the federal government tabled its response to the report and

undertook to convey the Committee's recommendations and concerns to the provinces.

At a meeting in March 1989, federal and provincial officials reached agreement on a majority of proposed reforms. Once agreement is reached at the officials' level, consultation with provincial social services ministers and approval by federal and provincial finance ministers is required prior to the introduction of amending legislation. Amendments to existing legislation would require an Act of Parliament and the approval of two-thirds of the provinces having two-thirds of the population and the approval of the federal government.

b. Charter Challenges - CPP Survivors Benefits

Two Charter challenges have been initiated in the Courts alleging that the current CPP survivors provisions discriminate on the basis of age. Surviving spouses under age 35 are not entitled to a benefit if they are not disabled or do not have dependent children. Further, the benefit rate varies for spouses between ages 35 to 45.

c. Credit-Splitting - Canada Pension Plan

The original intent of the credit-splitting provision was to ensure that each spouse retained, as a matter of right, a fair share of CPP protection that would not be subject to private arrangements between divorcing spouses. Accordingly, the Department advised individuals that the terms of a spousal agreement could not affect their right to a division of credits. In 1983, however, the Pension Appeals Board ruled that a clause in a spousal agreement, which indicated that the spouses had waived their respective rights to each other's property, was sufficient evidence to indicate that the spouses had already agreed not to divide CPP credits. (The Pension Appeals board is currently the final level of appeal under the CPP.)

To restore the original intent of the legislation, the Act was amended to ensure that in future, spouses could not unknowingly waive their rights to a division after June 4, 1986. As well, the Minister has approved the application of a remedial provision in cases where it is determined that individuals signed a spousal agreement prior to June 4, 1986 on the basis of Departmental advice, and their application for a division was denied as a result. In these cases, corrective action will be taken to credit to their CPP record of earnings the pension credits that they would have received had their original application been approved. The non-applicant spouse will not have his/her credits affected by the application of this provision.

d. Credit-Splitting - Quebec Pension Plan

Effective July 1, 1989, the Quebec Pension Plan was amended to provide for the automatic division of QPP credits in the case of divorces or legal separations granted after June 30, 1989. However, renunciation of rights to a division of QPP credits is permitted where the ex-spouse who would have benefitted from the division has waived his/her rights or when the Court in its judgement granting separation, divorce or annulment has indicated that the spouses have mutually waived their rights to the division.

e. Canada Pension Plan - 25th Anniversary

The ISP Branch is participating in the preparatory work associated with the 25th anniversary of the CPP. It is hoped that the anniversary will provide an occasion to increase public awareness of the importance of retirement planning in general and the CPP, in particular.

I-4

Income Security Programs Redesign

The ISP Redesign project was a significant initiative within the Branch during the year. The project is designed to ensure that the Income Security Programs Branch will

be able to respond effectively to anticipated demands for client services, technological change and operational efficiency. Health and Welfare Canada and Supply and Services Canada have joint responsibility for this project. Other government departments such as Revenue Canada - Taxation, Veterans Affairs and the Treasury Board are also involved.

During the year, an inter-departmental team was established and work began on the development of a Business Strategy (i.e., a plan for the delivery of program benefits and services) for the Branch. To date, the project team has looked at the operational and strategic issues facing the Branch; identified the various organizations which would be affected by change; and developed an orientation program to involve staff and management in the development of the Business Strategy.

A "Vision" for the Branch was developed during the year to outline the Branch's fundamental philosophy and direction to guide the Branch as it redesigns its operations.

I-5

Direct Deposit

A major project in ISP is underway to support the automated deposit of government payments to allow ISP beneficiaries in receipt of Old Age Security, Canada Pension Plan, and/or Family Allowances to have their benefits electronically deposited to their bank accounts. Implementation will proceed in phases, and is to commence in the Fall of 1990.

I-6

Social Security Agreements

Reciprocal social security agreements make social security benefits portable between countries and allow for the coordination of two countries' social security programs.

At the start of the fiscal year, agreements on social security were in force with Austria, Barbados, Belgium, Denmark, Dominica, Finland, France, Federal Republic of Germany, Greece, Italy, Jamaica, Norway, Portugal, Saint Lucia, Spain, Sweden and the United States. During the fiscal year, agreements with Australia and Iceland entered into force. As well, an agreement was signed with Cyprus.

I-7

Homemaker's Pensions

In 1985 the federal and provincial Ministers of Finance agreed to undertake a joint study on the issues of retirement income for homemakers. This study was completed in 1988 by a Working Group, chaired by the Department of National Health and Welfare, under the direction of the CPP Sub-Committee of Officials on Economic and Fiscal Matters. It has been referred to the CPP Sub-Committee and further direction will be forthcoming, pending consideration of the regular five year review of CPP contribution rates.

TABLE 1

OAS/GIS/SPA BENEFICIARIES BY AGE AND SEX, JUNE 1989

O A S ONLY

AGE	MALE	%	FEMALE	%	TOTAL	%
65-69	313,312	(47.7)	343,410	(52.3)	656,722	(100.0)
70-74	206,329	(47.5)	228,468	(52.5)	434,797	(100.0)
75-79	133,621	(46.2)	155,515	(53.8)	289,136	(100.0)
80-84	61,862	(41.9)	85,628	(58.1)	147,490	(100.0)
85-89	21,559	(36.1)	38,091	(63.9)	59,650	(100.0)
90+	7,505	(28.9)	18,450	(71.1)	25,955	(100.0)
TOTAL	744,188	(46.1)	869,562	(53.9)	1,613,750	(100.0)

G I S

AGE	MALE	%	FEMALE	%	TOTAL	%
65-69	148,200	(41.6)	208,079	(58.4)	356,279	(100.0)
70-74	122,992	(38.4)	197.109	(61.6)	320,101	(100.0)
75-79	102,686	(36.2)	180,594	(63.8)	283,280	(100.0)
80-84	66,271	(33.3)	133,034	(66.7)	199,305	(100.0)
85-89	32,942	(29.5)	78,594	(70.5)	111,536	(100.0)
90+	13,908	(23.4)	45,464	(76.6)	59,372	(100.0)
TOTAL	486,999	(36.6)	842,874	(63.4)	1,329,873	(100.0)

O A S / G I S

AGE	MALE	%	FEMALE	%	TOTAL	%
65-69	461,512	(45.6)	551,489	(54.4)	1,013,001	(100.0)
70-74	329,321	(43.6)	425,577	(56.4)	754,898	(100.0)
75-79	236,307	(41.3)	336,109	(58.7)	572,416	(100.0)
80-84	128,133	(36.9)	218,662	(63.1)	346,795	(100.0)
85-89	54,501	(31.8)	116,685	(68.2)	171,186	(100.0)
90+	21,413	(25.1)	63,914	(74.9)	85,327	(100.0)
TOTAL	1,231,187	(41.8)	1,712,436	(58.2)	2,943,623	(100.0)

S P A - REGULAR

AGE	MALE	%	FEMALE	%	TOTAL	%
60	544	(6.2)	8,287	(93.8)	8,831	(100.0)
61	864	(7.2)	11,164	(92.8)	12,028	(100.0)
62	1,212	(8.2)	13,620	(91.8)	14,832	(100.0)
63	1,763	(9.6)	16,520	(90.4)	18,283	(100.0)
64	2,373	(11.3)	18,609	(88.7)	20,982	(100.0)
TOTAL	6,756	(9.0)	68,200	(91.0)	74,956	(100.0)

S P A - WIDOWED AND EXTENDED

AGE	MALE	%	FEMALE	%	TOTAL	%
60	376	(6.2)	5,730	(93.8)	6,106	(100.0)
61	597	(7.2)	7,719	(92.8)	8,316	(100.0)
62	838	(8.2)	9,416	(91.8)	10,254	(100.0)
63	1,219	(9.6)	11,422	(90.4)	12,641	(100.0)
64	1,641	(11.3)	12,866	(88.7)	14,507	(100.0)
TOTAL	4,671	(9.0)	47,153	(91.0)	51,824	(100.0)

S P A - TOTAL

AGE	MALE	%	FEMALE	%	TOTAL	%
60	920	(6.2)	14,017	(93.8)	14,937	(100.0)
61	1,461	(7.2)	18,883	(92.8)	20,344	(100.0)
62	2,050	(8.2)	23,036	(91.8)	25,086	(100.0)
63	2,982	(9.6)	27,942	(90.4)	30,924	(100.0)
64	4,014	(11.3)	31,475	(88.7)	35,489	(100.0)
TOTAL	11,427	(9.0)	115,353	(91.0)	126,780	(100.0)

Prepared by Data Development and Analysis, Income Security Programs Branch, Health and Welfare Canada, February 1990.

II

SUPPORT SERVICES TO ASSIST FAMILIES AND INDIVIDUALS

II-I

National Strategy on Child Care

Under the National Strategy on Child Care, initially announced in December 1987, the federal government proposed a commitment of $6.4 billion over the period 1988-89 to 1994-95 towards improvements in the quality, affordability and availability of child care. The National Strategy comprised four elements:

- new cost-sharing legislation;
- $100 million Child Care Initiatives Fund;
- enhanced tax assistance to families with preschool-aged children (i.e. Child Tax Credit supplement, enhanced Child Care Expense Deduction); and
- day care initiative for Indians on-reserves.

Both the Child Care Initiatives Fund and the tax provisions were implemented for 1988.

However, the April 1989 Budget announced that the federal government would not be proceeding with the Canada Child Care Act (and by implication the on-reserve initiative). Nevertheless, the government is committed to implementing a new national child care program before 1992 or 1993.

The Child Care Initiatives Fund (CCIF) continues to provide financial support to projects which will promote innovation in the field of child care, stimulate the creation of services in under-served areas, support initiatives aimed at the enhancement of quality child care services and encourage public awareness programs. As of March 31, 1990 approximately 250 projects have been approved. The following list of selected projects illustrates the range of development, demonstration and research projects funded to date.

SELECTED CCIF PROJECTS

Community Service Council Early Childhood Rural Training Program	$17,472
Community Child Care of Eastern P.E.I. Day Care Design Booklet	56,100
The Child Care Connection - N.S. The Child Care Connection	461,704
Saint John Human Development Council Workplace Daycare - A New Brunswick Initiative	65,373
Dept. De Santé Communautaire De L'Hopital Saint-Luc Prévention des maladies infectieuses en garderie	270,672
The Montréal Board of Trade Employer Supported Child Care Initiatives	391,324
Bethesda-Reach Women's Institute Durham West On-Farm Child Care Program	192,064
Ryerson Polytechnical Institute Parent's Guide to Choosing	172,280
St. Amant Centre Inc. Developmental Day Program (Integration and Outreach)	192,524
Children's Services Department Regina Public Library Day Care Resource Person	59,511
Franciscan Sisters Benevolent Society Atonement Home Multicultural Daycare Project	765,454
Pacific Child Care Society East Coast Demonstration Project	391,027
Pacific Rim Early Childhood Institute Children with Special Needs and Infant/Toddler Care	122,903
Yukon Child Care Association Family Resource Centre	443,380
Learning Disabilities Association of Canada Early Identification of Learning Disabilities	141,500
Commission nationale des parents francophones Pour un Service de garde Canadien-français-Phase I	56,245
Union of Ontario Indians Anishinabek Early Childhood Education Project	302,200
Arctic College The Training of Inuit Early Childhood Education in N.W.T.	842,403

II-2

Child Care - Consultations and Cost-sharing with Provinces and Territories

Under the Canada Assistance Plan (CAP) the federal government continues to share on a fifty-fifty basis with the provinces/territories certain costs which these jurisdictions incur in the provision of day care services to eligible clientele as defined in the Act. CAP contributions to the provinces/territories for day care services were approximately $240 million in 1989-90.

II-3

Social Services - Promotion and Dissemination of Effective Measures

Various units within the Social Service Programs Branch enable the government to address a number of social issues:

National Child Care Information Centre

The National Child Care Information Centre continued to provide information and consultation to officials of the federal and provincial and municipal agencies, professional associations, community groups, union locals, non-profit organizations, voluntary organizations, educational institutions and the public in such areas as accreditation, employer-supported day care, new policies and information kits on a variety of child care matters. In the area of information development and dissemination, the information maintained by the Centre continued to be updated to reflect current and projected needs. Publications produced include the following: **Child Care Tomorrow**, a publication designed to help parents survey their options, develop their strategies and make their choices for child care arrangements, prepared jointly by Chatelaine New Mother and National Health and Welfare; and **Status of Day Care in Canada 1989**, a report which presents to Canadians a general overview of day care services in Canada, prepared by the National Child Care Information Centre, Social Service Programs Branch.

The National Adoption Desk

This unit provides consultation, coordination and information services to the provinces and territories in the areas of international and interprovincial adoptions.

At the international level, the Desk provides leadership and represents the collective interests of all provinces and territories, except Québec, in the area of international adoptions. The Desk presently has on-going programs with Brazil, Colombia, Hong Kong, Korea, Philippines, St. Vincent and Thailand. Outreach to other countries is being increased; in the near future, the National Adoption Desk plans to contact countries of Central and South America to explore the possibility of establishing new international adoption programs.

The number of persons applying to adopt children from other countries is still increasing steadily. There are currently more than 500 international orphan adoption cases in process; during 1989-90, 43 families received placement of orphaned children from various foreign countries. The Desk also assists in international adoptions of children related to their adoptive parents residing in Canada. There are approximately 295 relative adoption cases in process and during 1989-90, a total of 86 adoption orders were granted.

The National Adoption Desk continues to provide coordination in interprovincial adoptions in Canada and operates a registry and referral service for children with special needs. In the past year, eight of these children were placed with adoptive families.

In terms of information dissemination, the national Adoption Desk has produced a manual on international adoptions which was distributed to all provincial adoption coordinators. It includes all pertinent

information currently available on adoptions in foreign countries and is updated on a regular basis. The information services of the Desk are also being expanded; activity updates will be distributed to provincial adoption coordinators regularly and plans are being made for an adoption resource manual.

Disabled Persons Unit

This unit focuses on the needs of persons with disabilities and actively encourages improved services to disabled persons, greater independence and alternatives to institutionalization.

Examples of the activities developed or supported by the Unit included: preparation of a video and print manual on respite care, and development of a brief on the concerns of disabled women regarding reproductive technology.

Vocational Rehabilitation of Disabled Person (VRDP) Program

The VRDP Act (1961), which is administered by the Cost Shared Programs Directorate, enables the federal government, through agreements, to contribute 50% of the costs incurred by provinces and territories in providing a comprehensive program for the vocational rehabilitation of physically and mentally disabled persons. In 1989-90, federal payments to the provinces and territories under the VRDP program totalled $106.5 million on behalf of over 200,000 disabled persons.

As of April 1, 1990 a new three-year agreement with all provinces and territories will take effect. While the federal government specifies the terms for obtaining cost-sharing, the provinces are responsible for the administration and delivery of their alcohol and drug programs.

Eligible clients are physically and mentally disabled persons of working age who require vocational rehabilitation services to become capable of pursuing regularly a substantially gainful occupation. This includes persons who are disabled because of psychiatric, sensorial, intellectual or learning impairment and/or impairment relating to mobility and to alcohol and drug addictions. Unlike the Canada Assistance Plan, which also provides for cost-sharing of benefits to disabled persons, financial need is not a consideration, with the exception of cost-shared maintenance/training allowances which are provided on an individual needs basis.

The VRDP program provides for sharing in a wide range of goods and services such as assessment, counselling, restoration services, prostheses, wheelchairs, technical aids and other devices, vocational training and employment placement, books, tools and equipment required during the course of the vocational rehabilitation process, maintenance allowances as required by each individual, follow-up goods and services after a person has entered employment and goods and services to prevent the loss of employment of disabled persons facing a vocational crisis.

The VRDP program shares is costs for provincial and agency rehabilitation staff as well as in provincial research projects and publicity programs. There are complex links with federal employment programs, the Canada Health Act, the Canada Assistance Plan and the Alcohol and Drug Treatment and Rehabilitation Program and with Provincial Worker Compensation programs.

Alcohol and Drug Treatment and Rehabilitation (ADTR) Program

This federal-provincial cost-sharing program administered by the Cost-shared Program Directorate is a component of the National Drug Strategy announced in 1987. Under agreements with the provinces, the federal government extends financial support to provinces and territories to increase and improve the availability of alcohol and drug treatment and rehabilitation (ADTR) programming in Canada. However, while the federal government specifies the terms for obtaining cost-sharing, the provinces are responsible for

the administration and delivery of their alcohol and drug programs.

The current ADTR agreement will be effective April 1, 1990 for a three-year period. In the first two-year agreement period (1988-90), eight provinces signed ADTR agreements. Agreements with Prince Edward Island and Manitoba and with the two territories are expected to be concluded for the 1990-93 agreement period.

All persons requiring treatment and rehabilitation are eligible under the agreement (including youth, women, employed persons, non-status Indians and the elderly), but with particular emphasis on youth.

Cost-sharing under the ADTR program extends to a range of treatment and rehabilitation services, including awareness and development, program research and evaluation, and workplace initiatives. The contributions under ADTR are intended to maintain maximum complementarity with VRDP which includes support or provincial alcohol and drug programming in the context of vocational rehabilitation.

Federal contributions under ADTR are made on the basis of annual appropriations. In 1989-90 federal payments to provinces totalled $9.3 million. The maximum federal contribution is $20 million annually. Provincial allocations are based on a formula described in the agreement.

II-4

Humanizing Homes for Special Care/Institutional Care

The federal government provides substantial financial support to the provinces and territories for residential services primarily through two pieces of legislation, the **Canada Health Act** and the **Canada Assistance Plan**. Under the **Canada Health Act** the federal government provides per capita block grants to these jurisdictions to cover the cost of most adult residential care.

Under the Canada Assistance Plan, the federal government shares on a fifty-fifty basis with the provinces and territories costs they incur in providing care to persons in need in residential institutions which qualify as homes for special care within the meaning of the Act. This includes homes for the aged and infirm, shelters and hostels for battered women and transients as well as a range of child care institutions.

Expenditures under CAP for maintaining eligible persons in homes for special care were approximately $423 million in 1989-90.

II-5

Social Housing

Under the Canada Assistance Plan (CAP) the federal government shares the cost to the provinces and territories of providing assistance to needy persons. This assistance enables persons in need to meet their basic requirements such as food, shelter and clothing. In addition Canada Mortgage and Housing Corporation (CMHC) and a number of provinces offer subsidized housing to target populations such as low income families, senior citizens and disabled persons. There is continuing liaison and consultation between CAP and CMHC to ensure harmonization and coordination of federal programs and provincial social assistance benefits.

II-6

Economic Self-Sufficiency

On September 18, 1985 the Minister of national health and Welfare together with the Minister of Employment and Immigration and provincial

and territorial ministers responsible for social services and for labour market programming reached an agreement on a seven point strategy to help social assistance recipients achieve greater self-sufficiency.

These initiatives are of particular benefit to sole support mothers currently relying on social assistance.

Initially, this agreement represented a federal commitment of $100 million annually to be matched dollar for dollar by the provinces and territories for a total of $600 million from April 1, 1986 to March 31, 1989. In February 1988, the federal amount was doubled from $100 million to $200 million for the fiscal year 1988-89, agreements were extended in 1989-90 and again in 1990-91 at the $200 million level, subject to provincial matching of funds. The framework for a new generation of agreements will be in place by Fall 1990 at a funding level of $300 million cost-matched by provinces for a total of $600 million per year.

As of March 31, 1990 agreements continued to be in place with all provinces and the Northwest Territories.

One of the key elements of this strategy is the evaluation of the initiatives undertaken under these agreements. Evaluation agreements are in place with most provinces and will be extended under the new agreements.

III

FAMILY VIOLENCE

VIOLENCE AGAINST WOMEN AND CHILDREN

III-1

Preventing Family Violence

The Department of National Health and Welfare, through the Family Violence Prevention Division created in 1986, is responsible for coordinating all federal initiatives associated with family violence. Addressing a problem as complex and pervasive as family violence requires recognition and cooperation by various jurisdictions and disciplines, both within and between governmental and non-governmental sectors.

Two federal initiatives support the mandate of the Family Violence Prevention Division - the Child Sexual Abuse Initiatives and the Family Violence Initiative.

In the fourth year of the five-year (1986-1991) Child Sexual Abuse Initiative, departmental programs provided contribution funding totalling $3.7 million. Projects funded addressed issues in the areas of prevention, treatment and protection, professional education and training, and the evaluation of innovative programming. The total contribution funding to date was $12.2 million. Examples of projects funded under the Child Sexual Abuse Initiative include: development of a curriculum based family violence prevention education program for children in elementary schools; development of a group program for children in transition houses; conference for child care workers on working with sexually abused children and youth; mapping the child sexual abuse response networks in communities; and evaluation of a province-wide telephone service to parents who fear they are at risk of abusing their children.

The focus of contribution funding through the Family Violence Initiative was in the areas of public awareness, information dissemination, research and evaluation, community-based projects, and support for prevention, protection and treatment initiatives. During the second year of this four-year (1988-92) Initiative, Departmental programs provided $1.5 million in funding, with a total contribution of $2.2 million to date. Examples of projects funded include: production of a film documentary depicting the experience of a group of battered women who collaborated on an original play; development of a comprehensive training program for 600 health professionals to detect, report and handle cases of wife abuse; coordination of a symposium for transition house workers to create greater awareness and understanding of the needs of native and disabled persons and women facing addiction problems; and production of a special issue of the MATCH International newsletter on the theme of ending violence against women.

III-2
Information Collection and Dissemination

The National Clearinghouse on Family Violence developed and commenced implementation of a two-year business plan. The major emphasis is on providing an efficient and effective information service in both official languages on a non-profit basis to professionals working in the area of family violence as well as to the general public. During 1989-90, the Clearinghouse responded to more than 4,000 requests for information. In June 1989, a toll-free watts line was installed to improve national access to the Clearinghouse. In November 1989, the on-line bibliographic searching service was made available to clients with computers and modems.

The Clearinghouse developed four new fact sheets on dating violence, child sexual abuse, wife abuse, and adolescent sex offenders, as well as continuing to update its print resources. The staff of the Clearinghouse provided a display and distributed information at 10 conferences across Canada. Linkages with almost 45 other clearinghouses and resource centres were developed and/or strengthened.

In this issue, we are providing a list of publications distributed through the National Clearinghouse on Family Violence. (See Appendix IV).

III-3

Consultation with Provinces and Territories on Family Violence

A major component of the Family Violence Initiative is the development of a long-term national approach on family violence. As part of the consultation process, representatives of the six participating departments (Health and Welfare, Secretary of State, Justice, Solicitor General, Indian and Northern Affairs, Status of Women) met with provincial and territorial officials for a second round of meetings. They identified long-term priorities, clarified respective roles, and identified areas for joint and complementary action in the area of family violence.

A key juncture in the consultation process was the **Working Together: 1989 National Forum on Family Violence**, held in June 1989. Four hundred participants involved in family violence program and policy development, research, service delivery, advocacy, public and professional education, from all sectors participated in multidisciplinary working groups during the three days of the conference to contribute to the development of a national approach to family violence. The Proceedings and Executive Summary of the national Forum on Family Violence are scheduled for publication in Fall 1990.

III-4

Family Violence Research

During 1989-90, the National Welfare Grants Program continued to support research and demonstration projects intended to improve services for women, particularly those victimized by family violence. A total of 15 projects were funded during the period, many of which are long-term projects over a three year period.

Selected Family Violence Projects on Women's Issues

Number	Title	Funding
4554-73-2	Evaluation sommative du programme de traitement des enfants abusés sexuellement	$169,522
4554-35-27	Modèle d'intervention féministe auprès des femmes battues: application et évaluation	628,038
4556-1-18	Ma Mawi Nita Wi Iwewin Project: An Integrated Aboriginal Domestic Violence Program	250,067
4576-15-40	The Development of a Wife Assault Group Program Evaluation	295,637
4559-1-72	Social Support Training Project	92,916

III-5

Special Advisor to the Minister on Child Sexual Abuse

In 1989-90 the Family Violence Prevention Division continued to support the activities of Rix Rogers, Special Advisor to the Minister on Child Sexual Abuse. A three-day National Strategy Workshop was held in May 1989, followed by a series of focused consultations. Mr. Rogers' final report, based on his extensive consultations, will provide recommendations to the Minister of National Health and Welfare on appropriate federal roles and responsibilities of a comprehensive strategy to respond to the sexual abuse of children in Canada.

National Guidelines on Child Sexual Abuse will be ready for distribution in the summer of 1990. This document provides information on prevention and on caring for victims of child sexual abuse, most of whom are girls. These guidelines will be available from the Health Services and Promotion Branch Publication Unit.

IV

SUPPORT FOR VOLUNTARY AND WOMEN'S ORGANIZATIONS

IV-1

National Welfare Grants

The National Welfare Grants contribution program provides support to research and demonstration projects and human resource development activities in order to foster improvement in the quality and availability of social services for Canadians, particularly the disadvantaged. In addition to those projects cited in Section III-4 of this report, the program funds a range of projects which directly or indirectly benefit Canadian women. Selective projects related to women are listed at the end of this chapter.

The program also administers National Welfare Fellowships for doctoral work related to social services. In 1989-90, 11 of 17 recipients of this prestigious award were women. The Novia Carter Fellowship, instituted in September 1988 to honour Professor Novia Hébert-Carter, was awarded this year to Linda Campbell of Winnipeg.

IV-2

Health Promotion Contribution Program

The Health Promotion Contribution Program funds non-government organizations to conduct projects that increase public participation in health promotion. This is intended to improve the capacity of non-government organizations to develop and deliver health promotion programs, to improve information exchange among organizations and to develop a better knowledge base for health promotion programming.

Within the Program, women are one of three target groups that are given priority for funding. Women's health issues are seen from a broad perspective that emphasizes the impact of social factors on physical and mental health. Some of these factors are: low incomes among women, especially older women; sex stereotyping experienced by women dealing with the health care system and other institutions; conflicts in, and lack of support for, the dual role of many women as income-earners and family care-givers, and sexual discrimination.

A report on this program for the period under review is contained in Appendix II.

IV-3

National Voluntary Social Service Organizations (Sustaining Grants)

Twenty-eight national voluntary social service organizations were provided with sustaining grants in 1989-90 totalling $3.3 million to assist them in meeting their basic operating costs and carrying out national program activities. Many of these national organizations have a particular focus on issues of concern to women.

Examples include:

- Young Women's Christian Association of Canada
- Boys and Girls Clubs of Canada
- Family Service Canada
- Canadian Council on Social Development

- National Anti-Poverty Organization
- Canadian Child Welfare Association
- Canadian Council on Children and Youth

IV-4

National Voluntary Health Organizations (Sustaining Grants)

The National Voluntary Health Organizations Program provided sustaining grants totalling $2,899,000 to assist 49 national voluntary health organizations in meeting their basic operating costs and in carrying out national activities. Many of the recipients of these grants have a particular focus on issues of concern to women. Examples include:

- Allergy Information Association
- The Arthritis Society
- Canadian Foundation for Ileitis and Colitis
- Canadian Institute of Child Health
- Canadian Mental Health Association
- DES Action/Canada
- Lupus Canada
- La leche League of Canada
- Osteoporosis Society of Canada
- Planned Parenthood Federation of Canada
- Serena Canada
- Turner's Syndrome Society of Canada

Most of the other organizations also impact on the health and well-being of women, either because they assist in coping and treatment of various diseases or conditions, or they assist women who are care givers.

IV-5

New Horizons Program

The New Horizons Program continues to provide opportunities for older retired Canadians to plan, operate and participate in meaningful activities of their own choosing which prove beneficial to themselves and their community. In 1989-90, the Program funded 2,081 projects at a cost of $16,267,300 involving more than 276,000 participants. Of these, 61% were women.

The target population of this Program comprises older retired Canadians. This group will continue to increase more rapidly than most other population groups. In a 1982 study by Statistics Canada of a sample of projects funded, the number of women who were reported as project participants exceeded the number of men by a ratio of 3.2. This trend is expected to continue.

Women participate in nearly all of the more than 300 different types of activities which New Horizons funds. Some projects are organized by women, specifically to help other women who have special problems. There are, for example, groups who lend emotional support for widowed and single women. Women are also active, often in executive capacities, at the regional, provincial and national levels of senior citizens' organizations.

Through their own efforts, and by the example of their successes, older retired Canadians develop new roles for themselves and demonstrate to the public at large their continuing ability to be contributing and vital members of their communities. Women are very much involved in this raising of public consciousness of the later years.

IV-6

Seniors Independence Program (SIP)

The Seniors Independence Program provides opportunities for voluntary, non-government, non-profit groups and organizations for health, education, and social welfare projects designed to enhance the quality of life and independence of seniors. The direct involvement of seniors in design and delivery is an essential criteria of the program.

Priority is given to community-based projects which direct particular attention to the needs of women seniors, seniors living in rural and remote areas, and seniors who are less advantaged due to life circumstances.

Since April of 1988, the program approved 341 projects with contributions totalling $42,363,609.

In the 1989-90 fiscal year, the following projects specifically target the needs of women seniors.

SELECTED SIP PROJECTS

TITLE	FUNDING
Share and Care Needs Assessment Metro Toronto Sharing Accommodation Service for older people. To determine the feasibility of meeting the home support service needs of Toronto's senior women in search of affordable housing through a service exchange.	$ 61,859
Older Women, Caregivers and Drug Use Action on Women's Addictions Research and Education (AWARE) To help prevent alcohol and drug abuse among senior women living alone in Kingston through the publication of two bilingual information booklets.	341,915
Wellness Program - Phase One Family Service Association of Metropolitan Toronto To develop a preventive Wellness Program, through workshops and seminars, targeted at low-income ethnic senior women.	26,520
We Are Seniors Polish Canadian Community Services, Toronto To conduct a study emphasizing the needs of isolated and abused senior women to encourage the formation of self-help groups.	58,257
Education and the Older Women Canadian Congress for Learning Opportunities for Women, Toronto. To produce a publication on senior women's educational concerns.	21,648

SELECTED SIP PROJECTS (Con't)

TITLE	FUNDING
Support Groups for Older Farm Women in Saskatchewan Women's Inter-Church Council of Canada, Saskatoon To develop a peer support network to assist senior farm women with declining family farm income, reduced family support and inadequate or non-existent pensions.	79,000
The Choice of Elderly Women to Live Alone Gerontology Research Centre, Simon Fraser University, Burnaby To conduct interviews with senior women who live alone and develop an educational program to help these women make informed choices about future living arrangements.	89,295
Conference on Women and Aging Seniors Planning Council of Perth County	11,000
Women and Aging Conference Manitoba Council on Aging	12,500

Follow-up conferences to the 1988 National Workshop on Women in an Aging Society have been held to provide older women with information on financial and legal affairs, and to provide the education they require in order to effectively participate in decision-making processes that affect them.

Women are active participants in the design and delivery of virtually every project funded by the Seniors Independence Program. Due to the fact that women constitute the majority of seniors, nearly all projects will prove beneficial to their well-being.

The Publication **Today's Projects - Enhancing the Future: 1988-89, 1989-90** lists all projects funded by the Seniors Independance Program in the first two years of operation.

IV-7

Canada Volunteer Award and the Thérèse Casgrain Award

The Canada Volunteer Award was established in 1977 by the Department of National Health and Welfare to recognize and encourage those Canadians who have made an outstanding voluntary contribution towards improving the health and social well-being of their fellow citizens.

The Award is presented annually by the Minister of National Health and Welfare on behalf of all Canadians to acknowledge outstanding contributions at the community level. To date, more than 500 Canadians have been honoured.

This year 37 Canadian women were chosen by a National Selection Committee, to receive the Award.

The Thérèse Casgrain Award was established in 1982 to perpetuate the memory of the late Senator Thérèse Casgrain.

It is presented annually to outstanding Canadians whose avant-garde spirit, social commitment and persistent endeavours have contributed significantly to the advancement of a social cause and the well-being of their fellow citizens.

The Thérèse Casgrain Award was presented to the Honourable Muriel McQueen Fergusson of Fredericton, for her long-term work in championing women's rights and the numerous contributions leading to social reform in Canada.

Thérèse Casgrain, a native of Montréal, was the force behind various social reforms in Canada to promote justice and equality. She was involved in a number of provincial, national and international organizations and was one of the pioneers in the women's rights movement in Canada. She chose to defend the cause of disadvantaged members of society, to denounce social injustice and to lend a voice to those who had none. Senator Casgrain worked throughout her life for national unity. She died on November 3, 1981.

National Welfare Grants
Selected Projects Involving Women

Number	Title	Funding
4552-20-8	Mothers & Children: A Proposal for a Follow-up to Vulnerable Mothers and Vulnerable Children Nova Scotia	$301,974
4554-29-2	Actualisation de soi et autonomie fonctionnelle des personnes âgées	125,953
4554-1-148	Implantation et évaluation d'une ressource post-scolaire pour les filles en milieux a hauts risques	503,471
4555-21-22	A Study of the Problem Solving Strategies of Homeless Women	32,214
4555-66-7	Economic Stress, Social Support and Female Single Parents	28,276
4559-1-69	Enabling Communities to Respond to the Needs of Young Women at Risk	225,500

V

FAMILY HEALTH

V-I

Family Health Strategy

A Strategy paper was developed with a focus on promoting environments to support health in families. This is being further refined with a focus on families with children in vulnerable situations, e.g. low income dual worker and single parents.

Parent focus interviews were conducted with working parents to examine their needs and concerns in balancing work and family responsibilities.

V-2

Parenting Resource Project "NOBODY'S PERFECT":

The program is designed for disadvantaged families in providing parents with up to date information on children's health, safety, development and behaviour. National implementation began in 1989-90.

V-3

Post Partum Parent Support Program

This health promotion program supports hospital and community health professionals as adult educators to provide consistent education to families of newborn children, and to ensure liaison and appropriate referral between the hospital and community health services. A national marketing, promotion and implementation is currently underway with implementation starting in Saskatchewan.

V-4

Childhood Injury Surveillance

In collaboration with the 10 paediatric hospitals in Canada, a three-year feasibility program of childhood injury surveillance was initiated. Data on the type of injury sustained as well as the circumstances in which the injury occurred are being collected.

V-5

Birth Outcome and Socio-economic Status

In collaboration with Statistics Canada, a study of infant birth weight by mother's level of income and other demographic variables is underway.

VI

WOMEN'S HEALTH PROMOTION

VI-1

Women's Health

Women's health issues are supported through community funds under the Health Promotion Contribution Program. The perspective under which women's health issues are considered emphasized the impact of social factors such as low income or violence on physical and mental health.

a. Aging

Through the joint delivery of the Seniors Independence Program with the Social Service Programs Branch, the Health Promotion Directorate continues to fund community based projects for seniors. Priority is given to projects which demonstrate a high level of senior participation and which direct particular attention to the needs of women seniors, seniors living in rural and remote areas and seniors who are less advantaged due to life circumstances.

As a follow-up to the National Workshop on Women in An Aging Society, co-sponsored by Status of Women Canada and the Seniors Secretariat in 1988, the latter has encouraged provinces and territories to plan and host regional workshops to address that issue. Two provinces, Alberta and Manitoba, held a series of workshops in the fall of 1989 while others, such as Saskatchewan, organized a planning meeting to establish the interest and the need to conduct such activities. Staff from the Seniors Secretariat office has actively participated in these events. Funding has been provided through the Seniors Independence Program of Health and Welfare Canada.

During these meetings, the participants elected to discuss the same issues that were tabled during the National Workshop, namely Health and the Health Care System, and Economic Self-Sufficiency.

The overuse/misuse of medications and the need to set priorities in health care funding were recurrent issues discussed by the delegates.

With regards to economics women in the 50 to 64 age group are perceived to be the most disadvantaged.

In the fall of 1989, the Executive Director of the Seniors Secretariat presented a paper on "Women's retirement: Impact on Health" and co-chaired a session on retirement during the XIVth Congress of the International Association on Gerontology in Acapulco.

The Seniors Secretariat has contributed $30,000 in 1989/90 to fund a series of films on older women. These films were produced by the National Film Board (NFB). A staff member from the Secretariat attends meetings of the NFB Interdepartmental Committee of the Federal Women's Film Program on a regular basis. The topics of the films produced range from misuse or over-medication among seniors to the role of care-givers. These films are widely distributed across the country.

The enquiries and Research Unit of the Seniors Secretariat supports the Minister of National Health and Welfare and the Minister of State for Seniors in responding to written enquiries from senior Canadians. Over 2000 enquiries have been responded

to in the period covered (1989/90). The majority of letters received are from older women. Senior women write to both ministers about various subjects. Most recurrent topics are related to income, personal hardship, health care and its associated cost, and the need for more housing that is suitable and affordable. Trend and issues analysis are developed for both Ministers.

The Seniors Secretariat continues to participate in the development of a Memorandum to Cabinet on a renewed Family Violence Initiative through the Interdepartmental Working Group on Family Violence. This is to ensure that adequate consideration will be given to elder abuse including the abuse against older women.

b. Sexually Transmitted Diseases Booklet

A booklet on sexually transmitted diseases (STD), targeted to young people between the ages of 15 and 24, has been developed as a joint effort between the Department (LCDC and HPD) and the Federal Provincial Advisory Committee on STD. The pamphlet has been focus tested with young people and is expected to be made available for distribution in January 1991.

c. Canada's Health Promotion Survey

The following two reports have been completed:

Health and Welfare Canada (1990). **Active Health Report on Women**. Ottawa, Minister of Supply and Services Canada.

Health and Welfare Canada (1989). **Active Health Report on Seniors** Ottawa, Minister of Supply and Services Canada.

d. Women's Film Board

The **Federal Women's Film Program** is an inter-departmental program operated in cooperation with the National Film Board, to increase the number of informational, educational, and promotional films produced by, about and for women. Health Promotion Directorate has provided financial and consultation support since 1981 to this Program, which promotes healthy environments for women.

VI-2

Mental Health

See Introduction.

VI-3

Alcohol And Other Drugs

The program is served through two national strategies. The National Drug Strategy and the National Impaired Driving Strategy. While neither of these programs currently target women only or specifically at this point in time, particular trends and issues for women are a part of the general strategy.

The impaired driving issue is that of making drinking and driving socially unacceptable. It targets 16-24 year olds as the primary group. However, young males are much more of a problem than young females. Females are encouraged, along with others, to play an influencing role. A pamphlet was produced for those who are often driven by impaired drivers for dates, baby sitting, parties, etc. called "Twelve Lousy Reasons for Riding with a Drinking Driver". The program has components of public awareness and information advertising, education and training, community action projects, community funding, server intervention, and research.

The drug issue is concentrating initially on teenagers ages 11-17 and their parents as key influencers and role models. The current focus is alcohol. The program components include public awareness and information, education and training, community forums, community funding and research. To date this fiscal year, eight projects focusing on women and drugs have been funded under the community action program. For example, the Women's Health Clinic in Winnipeg,

Manitoba, has received funding to design and implement self-growth workshops for the prevention of relapse in women who have maintained six months of sobriety.

A mid-course review of the National Drug Strategy has recently been completed. It was concluded that the philosophy and direction of the original strategy centering on demand reduction was the correct one to have adopted and remains essential to the Strategy. Demand reduction programming has been successful with the original target group of the Strategy, namely youth and parents. However, it is recognized that there continues to be specific groups at risk for alcohol or drug abuse that need to be reached. Among those groups identified as being at risk are young adults, "baby boomers" and street kids. These groups will be targeted in the second phase of the strategy.

The Parent Drug Education Project

The Parent Drug Education Project is being developed under the National Drug Strategy for a population that is generally underserved: low-income, moderately educated, "information poor" parents. Although there are many programs for educating parents, none are suited to the needs of this disadvantaged group.

The parent sessions of the English component of the program have been pilot tested and evaluated in 5 provinces. The French component is currently being pilot tested and evaluated in 4 provinces. Preliminary results indicate that the program is being well-received.

VI-4

Tobacco

As part of the National Strategy to Reduce Tobacco Use in Canada, Health and Welfare continues to assign high priority to the issue of women and tobacco.

The **Background Paper on Women and Tobacco** released in 1988 will be updated this year. As well, Proceedings from the National Consultation on Women and Tobacco were released in 1989.

Audio-visual material focusing on young girls are currently under development and will pay special attention to the relationship between smoking and body image.

Other related projects in the tobacco program include:

- an advertising campaign aimed at 12-17 year old to promote positive attitudes toward not smoking;

- development of an educational resource for community coaches aimed at 8-10 year old recreational athletes;

- development of a teen cessation program.

VI-5

Nutrition

Promoting Healthy Weights: A Discussion Paper, released in 1988, has been used as the strategic framework for an integrated approach to promoting healthy weights. The Health Promotion Directorate and Fitness Canada are collaborating on a VITALITY program which integrated enjoyable healthy eating, enjoyable physical activity and a positive self and body image as interrelated components for well-being. The initial target group is men and women, 25 to 35 years of age with 9 to 13 years of schooling. A public awareness and information project is being undertaken in partnership with Participaction. Other projects include increasing awareness and building consensus among professionals and educators and among environmental influencers such as the food and fashion industries.

Two major nutrition reports were released by the Minister of National Health and Welfare on March 12, 1990. **Nutrition Recommendations** and **Action Towards Healthy Eating** are the reports of two expert committees, the Scientific

Review Committee (SRC) and the Communications Implementation Committee (CIC). **Nutrition Recommendations** contains the revised Nutrition Recommendations for Canadians which define the desirable characteristics of the Canadian diet and the Recommended Nutrient Intakes which provide advice on the recommended intakes of essential nutrients.

Action Towards Healthy Eating, recommends "Canada's Guidelines for Healthy Eating", which is based on the updated Nutrition Recommendation, as the key set of statements to be communicated to healthy Canadians. Work is underway in several areas including the testing of Canada's Guidelines for healthy Eating with consumers to determine their understandability and applicability. Canada's Food Guide is also being revised with the new food guide expected to be released early next year.

Health and Welfare Canada provided technical and financial support to the preparation and production of **Promoting Nutritional Health During the Preschool Years - Canadian Guidelines**. The Guidelines, endorsed by seven major associations, were released in the fall of 1989. Over 70,000 copies are being distributed to health and child care professionals through the network of the Federal/ Provincial/Territorial Group on nutrition. The National Institute of Nutrition and the Max Bell Foundation provided support to the production the Guidelines.

Nutrition Labelling: Infant Formula

In March 1990, new Food and Drug Regulations were promulgated requiring that manufacturers or importers of all new infant formulas or formulas undergoing a major change in composition, processing or packaging notify the Health Protection Branch 90 days prior to the sale of such formulas in Canada. The notification must include information demonstrating that the formula is safe and nutritionally adequate to support acceptable growth and development of the infants for whom it is intended.

Guidelines have been developed to assist manufacturers in the identification of situations in which pre-market notification is required and in the preparation of the submission. The Health Protection Branch continues its inspection and compliance programs which include infant formulas and other important foods such as milk consumed by infants, children and pregnant and lactating women. These are a safeguard in the manufacture, composition and labelling of these products.

VI-6

Home Care - Federal/Provincial/ Territorial Working Group

The Working Group presented the major home care issues, identified three major models for home care, and made recommendations for strategic action in its final report, tabled in the Fall of 1989 to the Advisory Committee on Community Health. This Working Group did not address specifically the role of women as health care providers in home care sitting, but it did address some issues that are of significant importance to women who are caregivers in the home. The issues of respite care and palliative care are examples in point.

VII

WOMEN'S HEALTH RESEARCH

VII-1

National Symposium on Changing Patterns of Health and Disease in Canadian Women

See Introduction

VII-2

Mental Health

See Introduction and XII-3

VII-3

Cancer

The Cancer Section of the Surveillance and Risk Assessment Division is involved in a program of disease surveillance and research into risk factors for chronic diseases, especially cancer and cardiovascular diseases. Recently completed studies (C), those under way (U) and those planned (P) are outlined below:

a. Lung Cancer and Radiation Exposure

Analysis of data from a case-control study of women and men with lung cancer in Timmins, Ontario is nearing completion. This study examined exposure to cigarette smoke (active and passive), household and occupational radon and dietary patterns in relation to the risk of developing lung cancer. The study is expected to be completed by the autumn of 1990. (U)

b. Diet and Cancer

Nutrition Canada Mortality Study. Analysis is underway of data from a cardiovascular disease mortality study (1970-1985) of over 8,000 women and men who participated in the Nutrition Canada Survey (1970-72). A study of the relationship between breast cancer and alcohol consumption in women is also nearing completion. (U)

c. Breast Cancer

Female Cancer Temporal Pattern Study. The incidence and mortality trends of cancer of the breast, cervix uteri, uterus corpus and ovary were analyzed in Canada and provinces. The effect of sex hormone therapy trends were investigated. Journal articles reporting the results of some of these studies are in press. (U)

The Alberta Cancer Survival and Prevalence Study was completed in 1988. The study was designed to study cancer prevalence and survival rates, using computerized linkage of cancer incidence records to the Canada Mortality data base. Two articles reporting the results of the research have been accepted for publication in the Canadian Journal of Public Health and will be forthcoming in 1990 or early 1991.

The Saskatchewan Cancer Survival and Prevalence Study involves the computer linkage of cancer incidence records from Saskatchewan for the period 1968 to 1986 to death records in order to determine cancer prevalence and crude and relative cancer survival rates. This project was initiated in 1988 and was completed in 1989. The results of the study will be reported in a journal article which is currently in press. (C)

d. Breast Implants

The Bureau of Radiation and Medical Devices of the Environmental Health Directorate is preparing a booklet which will provide

guidelines on the safety of breast implants and augmentation. The booklet is developed in collaboration with plastic surgeons, and will be available by the end of 1990.

The Health Protection Branch is also preparing an Issues Document on Breast Implants which will be available to all interested parties.

VII-4

Cardiovascular Disease

Canada Health Survey Cohort Mortality Study. A computerized iterative record linkage procedure was used to combine the risk exposure data of CHS cohort and the death data of the Canadian Mortality Database. The effect of food, drug and demographic risk factors on general mortality and cardiovascular disease was investigated. The evaluation of sociodemographic factors, smoking, diabetes, hypertension, elevated serum cholesterol and other variables on mortality in Canada was assessed. The study results were reported at the Canadian Epidemiology Research Conference in August, 1989. (C)

A review article on Women and Cardiovascular Disease (CVD) containing the most recent Canadian mortality statistics, and a review of risk factors, diagnosis and treatment of CVD has been prepared. It concludes that the importance of CVD in women needs to become general knowledge so that appropriate prevention diagnosis and treatment is started earlier. The article was prepared for **Chronic Diseases in Canada**.

VII-5

Extramural Support (NHRDP)

A report of this program for the period under review is contained in Appendix III.

VII-6

Research on Aging

One of the important issues facing Canadian society is the aging of the population. To help plan for and respond to the changing needs of an aging society the Department, in co-operation with Statistics Canada, Canada Mortgage and Housing Corporation and the Institute for Research on Public Policy, is supporting the development of an integrated database and projection model on Canada's health, income and demography characteristics over the next 25 years.

VII-7

National Health Information Council (NHIC)

NHIC is a federal/provincial/territorial advisory committee reporting to the Conference of Deputy Ministers of Health. Its current priorities include the development of health indicators and information on community health, mental health and occupational health as well as improved methodology and co-ordination of health surveys. These efforts will provide researchers and decision-makers with the necessary information base to expand knowledge and programs on women's health.

NHIC can also play an important role in helping to identify information requirements for specific women's health-related projects. A first step in this direction was the presentation on **"Data Development - Creating a National Perspective"** made by the NHIC's Chairman to the Workshop **Interchange '90 - A Canadian Forum to Collaborate on Breast Cancer Screening** held in January 1990.

VIII

REPRODUCTIVE HEALTH

VIII-1

Federal/Provincial/ Territorial Working Group on Adolescent Reproductive Health

The final report of the Federal/Provincial/Territorial Working Group on Adolescent Reproductive Health will be tabled at the May 1990 meeting of the Advisory Committee on Community Health. The purpose of the Working Group was to develop an action plan that promotes the reproductive health of adolescents by the coordinated development, across jurisdictions, of community based services which have the objectives of reducing the incidence of adolescent pregnancy and ameliorating the negative sequelae of adolescent pregnancy.

The report recognizes the politically sensitive nature of adolescent reproductive health but states that the social inequities created through adolescent pregnancy necessitate action on a number of public health issues. It also states that any strategic plan to address the issues of reproductive health must recognize the heterogeneity of the adolescent population.

Strategic plans must therefore consider the following factors, age group, gender, socio-economic and cultural background. An intersectoral, well co-ordinated, community-based approach to planning is recommended.

The report and the recommendations offer choices that recognize the diversity of provincial and territorial needs.

The Community Health division is preparing a Discussion Paper on Reproductive Health.

VIII-2

Pregnancy Kits

Pregnancy kits are presently sold in Canada under the Medical Devices Regulations. Guidelines for safe use of pregnancy kits are scheduled for publication early in 1991 by the Bureau of Radiation and Medical Devices of the Environmental Health Directorate.

VIII-3

Chemical Safety

Monitoring of PCBs in Human Milk

A surveillance program to study PCBs in breast milk is ongoing; samples are taken cyclically every 5 years. Results of analyses of 400 samples from the most recent survey are expected to be completed in April 1991 and released sometime shortly thereafter.

Animal studies involving PCBs in breast milk have also been conducted. In one such study, the effects on the immune system of ingesting PCBs were studied.

The results of another animal study of the effects of PCBs on infant behaviour were inconclusive because of the low number of animals studied.

Sexually Transmitted Diseases

From 1988 to 1989, decreases in incidence of reportable sexually transmitted disease (S.T.D.) were noted by the Bureau of Communicable Disease. For syphilis, the total number of cases reported declined by 26% from 1988 to 1989. For males, syphilis decreased by 33%, and for females, by 22%. In 1989, 665 cases were reported for males and 459 cases for females.

Reports of gonorrhea decreased by 23% between 1988 and 1989; Cases among females declined by 25% from 9834 to 7844, and among males a decrease of 19% was observed, from 10,682 cases in 1988 to 8970 cases in 1989.

a. Pelvic Inflammatory Disease (PID)

In the fiscal year 1985/86 (the last year for which data are available) the overall rate of hospital admission for PID was 279 per 100,000, a slight decrease from the rate of 289.1 reported for 1984/85. Decreases in rates of PID were observed in the age groups 15-19, 20-24, 25-29, 30-34 and 35-39, while a slight increase occurred in the age group 40-44.

b. Genital Chlamydial Infection

In 1987, the most recent year for which data are available, a total of 21,049 laboratory-confirmed reports of chlamydia were received. It should be noted that these figures underestimate the true incidence of chlamydial infection because the reporting system was based on voluntary participation and, consequently, did not include all laboratories in the country.

The largest proportion (86%) of reported cases were among females.

c. Ectopic Pregnancy

In 1985/86, 6183 ectopic pregnancies were reported in Canada. This compared with an incidence of 5773 in 1984/85.

d. Sexually Transmitted Diseases in Children and Youth

In 1988, 62 cases of gonococcal infection were reported in children under 10 years of age; among the cases were two infants born with gonococcal eye infections. Excluding those infections acquired during childbirth, gonococcal infections in prepubertal children are considered to be acquired through sexual abuse until proven otherwise.

Four cases of syphilis were reported among children under 10 years of age.

In 1989, a total of 50 cases of gonococcal infection were reported in children under 10 years old, and 19 cases of syphilis were reported in this age group.

e. Cervical Dysplasia

In 1988, a total of 418 Canadian women died of cervical cancer. The mortality rate for this cause remained virtually unchanged since 1987. Although cervical cancer is preventable through routine screening for cervical dysplasia, survey data show that 35% of women aged 15 to 24 have never had a Pap smear which, as for other preventive practices, is lower among women of lower socioeconomic status.

f. AIDS

Summary of Federal Centre for Aids (FCA) Activities:

To March 12, 1990 there were 3,557 cases of AIDS reported to the National Surveillance Program.

It is estimated that 30,000 to 50,000 Canadians are infected with the Human Immunodeficiency Virus (HIV), the cause of AIDS.

Women have been identified as an important target group for AIDS information, and the FCA has prepared a pamphlet for women: **Women and AIDS - Choice for Women in the Age of AIDS.**

Six percent of reported AIDS cases in Canada are female (195 adult, 26 children). The risk factors for the 195 adult female cases include injection drug use (6%), blood/blood product recipient (25%), heterosexual activity (59%). Risk factors were not identified in ten percent of female cases. The heterosexual activity category includes (a) women who originated in a country with a high prevalence of HIV infection and where heterosexual activity is the primary mode of transmission of HIV, and (b) women who reported heterosexual activity with a high-risk person.

The first AIDS case was reported in Canada in February 1982, approximately eight months after the syndrome was described in the United States. The proportion of women among all AIDS cases in Canada has remained relatively stable over time, representing between five and six percent since 1985. The provinces of Ontario and Quebec have reported approximately eighty percent of all AIDS cases in women in Canada.

VIII-5

Oral Contraceptives (OCs) and Other Current Issues

The latest post-marketing review of oral contraceptives has been completed by the Special Advisory Committee on Reproductive Physiology. The 1985 Oral Contraceptive Report has been published. The report covers issues such as new dosage recommendations, the risks to smokers and older women, the latest research on OCs and cancer as well as non-hormonal contraceptive methods and relative effectiveness of various contraceptive methods. It also includes a proposal for updated package inserts and a detailed full disclosure patient instruction booklet for oral contraceptives.

Work is proceeding on an update of the 1985 report, including revised information for patients.

VIII-6

Surveillance of vaccine-associated adverse events

The Bureau of Communicable Disease Epidemiology, Surveillance Division collects information on adverse reactions to immunizing agents. Provincial health authorities are contacted in cases where an unusual situation develops and a complete investigation is then conducted.

VIII-7

Anticonvulsant use and Congenital Malformation

A study of anticonvulsant use during pregnancy and birth outcomes for all births which occurred in Saskatchewan between 1977 and 1984 is underway. Preliminary results, reported in September 1989 at the Canadian Epidemiology Research Conference, indicate that for women who are taking multiple anticonvulsant drugs concurrently, the risk of congenital malformation (largely cleft lip and palate and heart defects) among their offspring is elevated. (U)

VIII-8

Royal Commission on New Reproductive Technologies

On October 25, 1989, Prime Minister Brian Mulroney announced that Dr. Patricia Baird, Professor and former Head of the Department of Medical Genetics, University of British Columbia, is to head a Royal Commission on New Reproductive Technologies. Six other Canadians, each distinguished in their respective fields of expertise,

have also accepted to serve as Commissioners. They are Bruce Hatfield, Martin Hebert, Grace Jantzen, Maureen McTeer, Suzanne Rozell Scorsone and Louise Vandelac.

The Commission is to inquire and report on current and potential medical and scientific developments related to new reproductive technologies. The commission will consider social, ethical, health, research, legal and economic implications of these technologies.

The Commission, which will recommend policies and safeguards to be applied to scientific advances in the filed of reproductive technologies, is to report no later than October 1991.

IX

WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

IX-1

Radiation-Emitting Devices Regulations

Guidelines for the safe use of ultrasound devices including diagnostic ultrasound devices used in monitoring fetal development were published in May 1989.

IX-2

Monitoring Programs and Policy Development

The Senior Adviser continues to monitor and participate in policy development and the encouragement of research into various aspects of occupational health. Collaboration continued with the Women's Bureau, Department of Labour for the production of a discussion paper and collaborative initiatives to promote gender-sensitive research as well as policy and program development were discussed.

IX-3

Public Service Health

Yukon Region

The Employee Assistance Program provided a contract for employee assistance for the staff of the Whitehorse General Hospital. While the initiation of this contract was aimed at concerns around the transfer of responsibility for the health program, the EAP Coordinator has been available for employee assistance initiatives. Environmental health within the hospital setting is a high priority issue. In particular, the operating room has been one area identified and monitored to ensure that the staff in that area are not exposed to unsafe levels of various gases. Hospital nurses have also received training in physical restraint of violent persons.

Pacific Region

Approximately 200 employees from Occupational and Environmental Health Services and Public Service Health, were instructed on breast self-examination and 30 employees were counselled on pre-menstural syndrome in the Vancouver Island district. Approximately 77 employees were instructed on safety in the office; 134 employees on working with video display terminals; 25 on back care for office workers. The majority of the employees instructed on the occupational and environmental health hazards are women.

The Regional Health Educator has been a guest speaker at annual conferences of the Native Womens' voluntary organizations. The Region is also represented on the provincial advisory committee for the development of new health curricula, in which culturally relevant materials are being included.

Prairie Region

The nurses have been involved in a variety of activities for the promotion of women's health during 1989/90. Individual counselling sessions for women are ongoing. Particular issues include problems of single mothers, related to child care, financial difficulties, and fatigue. Many of these women are in term positions. The number of older women seeking assistance is on the increase. These women feel particularly vulnerable in downsizing situations.

Educational Programs on the health aspects of video display terminals have been offered to the majority of client departments. The program includes the ergonomic aspects, pregnancy and preventive aspects. Prairie Region is observing an increase in the number of positions requiring heavier lifting. Individual counselling is provided to pregnant workers exposed to chemicals.

Specific women's health problems are addressed through presentations on breast self-examination, weight, nutrition for the family, stress and adult children of alcoholics (ACOA) issues.

Displays have been available on the following topics: PAP smears, culdoscopy, mammograms, menopause, premenstrual syndrome, estrogen replacement therapy, osteoporosis, assertiveness/ self-esteem, anorexia and bulimia, pelvic inflammatory disease and sexually transmitted disease.

At the community level in Albert Region, workshops on self-esteem, parenting skills, life-skills, etc. are offered to assist women to become more pro-active within the family unit. The response has been overwhelming. Women are now more willing to change attitudinal behaviours to benefit their own well-being. Also at the community level educational programs have been held addressing teenage pregnancies using a multidisciplinary approach.

In Saskatchewan, community workshops are provided by health educators, nurses, community health representatives, etc. on a wide range of health issues, with emphasis on topics such as family violence, child sexual abuse, nutrition, parenting, and substance abuse. There are 77 nurses and 91 community health representatives with MSB or Band employed of which all but 10 are women.

Ontario Region

The Occupational Health Nursing Component offers job-specific and lifestyle education to approximately 128,000 federal employees in the Region. The session content is determined by departmental requests or needs assessment survey. During the period April 1989 to March 1990, female participation averaged 59% in the National Capital Region and 86% in the Southern Ontario Region.

Specific education directed towards women included:

- a Health Display held March 8, 1990. Topics covered were menopause, assault, abuses, nutrition, exercise and the "superwoman" stress syndrome. Some 360 participants visited the display;

- a session on body Mass Index held March 5, 7 and 9 1990 was attended by 360 participants; and

- a stress management program for women based on information reported in the Canadian Advisory Council on the Status of Women's publication, **Women, Paid/ Unpaid Work and Stress** uncovered a need when 60 female participants talked about fatigue and the "I thought it was just me" feeling resulting from attempts to cope with the pressures of gender role, family and job.

Other initiatives to reach the health concerns of women are directed toward a one-on-one teaching approach. Topics include, pap smears, breast self-examination, laboratory safety and pregnancy, as well as information for those who are in the "sandwich generation", trying to cope with aging family members while they raise adolescent

aged children. The pressures of dealing with the special needs of both these extremes on the age continuum are current issues.

During the Region's planning period, service for women was identified as an area where more information was required. In order to develop responsive programming for this portion of the clientele, a three month pilot study has been launched to determine women's concerns, women's work in the federal government, and major lifestyle factors affecting their health.

Quebec Region

Occupational Health Services have responded to requests from various sources on the risks for pregnant women in the work place, sometimes for specific cases and sometimes in general. In this context, specific recommendations related to the possible consequences of exposure to substances potentially hazardous to pregnant women were pointed out when preparing the report.

Information on this subject was provided at sessions for managers and employees, and documentation was collected so as to be able to provide better informed answers to various enquiries.

Employee Assistance, in conjunction with representatives of the Public Service Alliance, was involved in the preparation and distribution of programs for women's groups as part of "International Women's Week". The following issues were addressed: career planning, aging, and self-assertion. EAP was also involved in the design and delivery of eleven information sessions on harassment in the workplace and two workshops on women and stress.

A wide variety of activities aimed at encouraging women to assume responsibility for improving their health were delivered via the health units in the region. Among the topics dealt with were: the dietary challenge faced by women, osteoporosis, exercise in the work place, breast self-examination, Weight Watchers, menopause, nutrition, Cytologie-Québec (cancer screening), videos on children, pregnancy and diet.

As part of the general mandate of prevention and promotion, a number of programs were distributed dealing with lifestyle evaluation, AIDS, healthy weight, Blood pressure screening and cholesterol screening, proper chair fit, our kidneys, burnout etc. Although all public servants were in the target group, women indicated a great interest through their active participation in all activities.

In Québec, the issue of violence toward women holds an important place in the services we offer. The nursing staff and the EAP staff are increasingly being consulted in this connection.

Atlantic Region

Occupational Health Nurses in Atlantic Region continue to be active in the field of health promotion. Health Education has become an increasingly requested service. Nurses have conducted workplace specific sessions on topics such as back care, health effects of VDT's, strains and sprains, personal hygiene, laboratory safety, asbestos, ergonomics, and Hepatitis B. General health sessions with a preventive, self-care focus included stress management, health and nutrition, heart health, health in retirement, menopause, breast self-examination and PAP tests, pre-menstrual syndrome, AIDS, sexually transmitted diseases and smoking cessation.

Many nurses have been involved in advising or assisting in International Women's Day programs. Sessions have been conducted on women and stress and women and nutrition. Displays have been arranged on health topics.

Occupational Health Nurses have been actively involved in health counselling and play an active role in the department's Employee Assistance Program. Clients are assessed and, if required, referred to

appropriate community resources.

Surveillance visits of workplaces provided the opportunity to assess individual work environments for health risks and recommend change.

The Employee Assistance Component of Public Service Health provides short-term counselling, referral and follow-up services to female federal employees. In the past year, approximately 400 females were seen by the PSH staff in Atlantic Region for family-related problems, substance abuse, harassment in the workplace, stress, family violence, financial difficulties, emotional problems, single parenting and as survivors of incest.

IX-4

Other Initiatives

a. Birth Defects and Environmental Exposure

In collaboration with the Atomic Energy Control Board, analysts in the Health Protection Branch are currently studying the incidence of birth defects occurring among offspring of families living in the vicinity of the Pickering nuclear generating station. This project is scheduled for June, 1990 and the results are expected in September, 1990.

b. Drinking Water Quality and Birth Defects

A study of the possible association between contaminants in drinking water and the occurrence of birth defects in Ontario is underway. Results of the study are scheduled for April, 1991.

c. Maternal Listeriosis

A case-control study of listeriosis is being conducted by the Bureau of Communicable Diseases of the Laboratory Centre for Disease Control. Listeriosis infection during pregnancy can have disastrous consequences for the fetus, including fetal death and malformations. A major goal of the study is to investigate how much of the disease in Canada might be food-borne. The study is ongoing.

X

PHYSICAL ACTIVITY AND SPORT

The Women's Program of the Fitness and Amateur Sport Branch of Health and Welfare Canada is a program being funded and managed in both Sport Canada and Fitness Canada.

Sport Canada

The major components of the Women's Program within Sport Canada are:

X-1

Women in Sport Policy Implementation

It is the responsibility of the Women's Program in Sport Canada to plan for, monitor and evaluate the implementation of the Sport Canada's Policy on Women in Sport. There are thirteen areas of emphasis, corresponding with the thirteen policy statements in the document. Three of these areas - Leadership Development, Participation Development and Research are covered, in part, under the next three components:

X-2 Women in Sport Leadership Program
X-3 National Associations Contributions Program;
and
X-4 Research and Bibliography.

Other activities in these areas, plus accomplishments in all the other areas were as follows:

Policy and Program Development: On an ongoing basis, the Women's Program monitors the implementation of Sport Canada policies and programs for their impact on women, and contributes to the development of new policies and programs.

Infrastructure: Support was provided for the World Female Ice Hockey Championships which took place in Ottawa in January 1990.

Leadership Development: The National Coaching School for Women is continuing to take place across Canada. The 1990 School which was made up of a team of coaches, tutors, clinicians and instructors in Basketball, Volleyball, and Soccer took place in June in Victoria.

Participation Development: The "On the Move" Resource Kit is a booklet describing Women and Sport, a program designed to increase the participation of 13 to 17 year old girls in community sport programs. This resource kit has been sold to 150 different communities across Canada.

Liaison: Regular contact has been maintained with the provinces and territories. Specific input was provided for those ministries in the final stage of developing policies on women in sport at the provincial and community level.

Advocacy: Support continues to be provided to the Canadian Association for the Advancement of Women and Sport (CAAWA) for the publication of their news magazine, and their "Action Bulletin", which is sent to all members to alert them on specific item or concerns requiring their support and intervention.

X-2

Women in Sport Leadership (WSL) Program

In keeping with the Women's Program spirit of integration, the Coaching Association of Canada (CAC) will be taking over responsibility for the

technical unit of the WSL Program. The transfer is to be completed by the end of October 1990.

A national survey was conducted on the gender breakdowns of sport leadership positions among the paid staff of national sport organizations (NSOs) and work was done on an analysis of this data. The report of this survey entitled **"Women in Sport Leadership: An Issue for Sport"** will be published in the fall of 1990.

X-3

National Association Contributions Program

The Women's Program provided both funds and personnel resources to 18 NSOs and multi-sport organizations for projects and programs aimed at increasing and improving the opportunities for girls and women to participate in sport. Many of these projects included meetings to identify the issues and concerns of the women within a particular sport, and then presenting these findings to the overall Association so that methods of addressing these issues could be incorporated into the plans of the association for the next quadrennium.

X-4

Research

The document **Women, Sport and Physical Activity: Research and Bibliography** was released in the spring of 1988. The 2nd edition of updated resources is currently being published and produced for distribution in the fall of 1990. After the great success of the first volume, the 2nd edition will be sold through DSS.

X-5

Other Initiatives:

Within Sport Canada, the Women's Program presented very well-received workshops at the Commonwealth Conference in Auckland, New Zealand in January 1990. The conference has expanded into an international network of contacts to form the "Commonwealth Women and Sport Network". Participating countries include: Australia, Bermuda, Canada, Great Britain and New Zealand. Their collective goal is to promote equal opportunity for girls and women to participate in all aspects of Commonwealth sport.

X-6

Fitness Canada

As the Federal Government's agency responsible for fitness, Fitness Canada's mandate and purpose is to encourage, promote and develop lifelong participation in physical activity, leading to a healthy lifestyle, well-being and an enhanced quality of life for all Canadians.

A Fitness Canada report, entitled **"Changing Times: Women and Physical Activity"**, clearly demonstrated that, although girls and women are more physically active than ever before, change was needed if girls and women in all circumstances and at all stages of life were to attain an optimum level of fitness and well-being. In the past few years, Fitness Canada undertook specific studies on girls and women and their participation in physical activity. As a result of these studies, specific issues concerning programming, promotion, leadership and research were identified.

Resources developed by the "Women in Motion/Femmes en marche" program provide information and background on these issues and problems with

a particular focus on Fitness Canada's target groups, namely children and youth, older women, women with disabilities and women in the workplace.

a. Guiding Principles

Fitness Canada's goal with respect to girls and women and physical activity is "that all girls and women have the opportunity and encouragement to take part in, and benefit from, all aspects of physical activity as full and equal participants". In order to confirm this objective, Fitness Canada recently adopted "Guiding principles on Girls and Women and Physical Activity". The Guiding Principles state that if all Canadians are to embrace physical activity as part of everyday life, then girls and women, who comprise more than half of our population, must be provided with improved and appropriate opportunities to participate in all aspects of physical activity. The Guiding principles are being distributed across Canada.

b. Advisory Committee on Girls and Women and Physical Activity

The mandate of the Committee is to advise Fitness Canada on all matters related to the issues concerning all girls and women and physical activity. The Advisory Committee meets twice a year and has recently established sub-committees on research, leadership development and advocacy.

c. Women and Workplace Research Project

The mandate of this research project is to investigate the role of physical activity in the overall well-being and quality of life amongst women in factory assembly line positions, hospital housekeeping and linen service jobs.

XI

NATIVE WOMEN

XI-1

Promotion of Improved Health and Well-Being at the Community Level

a. General Health

Indian and Northern Health Services, Medical Services Branch, Health and Welfare Canada activities related to the improvement on health issues and concerns of women during 1989/90 included a series of field level consultation/ information exchange meetings, and producing resource documents to help improve the knowledge base of front-line workers on how to deal with mental health problems experienced by women and their children in native reserve communities. This was done with the aim of linking-up different concepts, people and resources to enable exchanges of experience and learning. The series of consultation meetings were: child development; suicide prevention strategies; community mental health strategies; consultancy; school and child mental health and training programs. Resource documents provided included "Principles of Training – Guidelines" and a Native Mental Health Bibliography and proceedings of the meetings.

Fetal Alcohol Syndrome (FAS) projects have been funded through Medical Services Branch regional offices. Further elaboration on these projects will be possible when reports are received from the regions.

Medical Services Branch has co-produced with the Department of Indian Affairs and Northern Development, a report that describes the current situation in regard to adult care services in First Nations communities, and identifies issues for consideration in the development of a policy framework for services for elderly and disabled Indians. Adult care services benefit elderly and disabled women who require services.

Also in a joint effort with the Department Of Indian Affairs and Northern Development work is underway to address the problems of violence against women and children in aboriginal communities. The Family Violence Funding Program for Indian and Inuit Communities has ensured that communities from across the county have been provided with short-term funding for problems related to family violence and sexual abuse. A number of communities and voluntary women's groups have been provided with funding to undertake short-term projects such as workshops, training of existing community workers, research projects and other public awareness projects.

Other projects include a needle exchange/condom project as part of the AIDS project. This project is being carried out through the National Association of Friendship Centres.

A report is expected in the near future on breastfeeding and factors pertaining to pregnancy and infant feeding.

Current initiatives in the Yukon, which focus on womens' issues and how community health nursing will be involved were reported to a Federal/Provincial/Territorial

Working Group on Womens' health as follows:

Yukon Region

The Yukon Indian Womens' program - Dene Nets - Edet - An (meaning "People Awakening") has an innovative program aimed at creating community support groups interested in pursuing personal or community development. Community training is based on self-care, balancing the physical, mental, emotional and spiritual well-being of participants. Community issues pursued include family violence, alcohol and drug abuse, Mission School Syndrome, and adult children of alcoholics.

In March of 1990, the Yukon Women's Directorate released a report on Yukon women which clearly delineated means of achieving an improved status of health for native women. These included:

- assisting community groups to provide safety and support to abused women and children;
- improving the quality, affordability and accessability of child care services throughout the Yukon;
- improving family planning, STD and family life counselling and information to teenagers;
- encouraging the participation of women in addressing issues pertaining to new reproductive technologies.

Well Woman Clinics are offered to all women from child bearing age upwards. Services include PAP smears, communicable disease treatment and referral counselling, which may include family planning, specific concerns, prenatal, health education, including safe sex, AIDS, spousal assault, and menopause.

There were also activities which although not designed to or exclusively for the benefit of women resulted in primarily or exclusively benefiting women. For example, the training of hospice workers, facilitating bereavement support and/or information groups and suicide survivor groups, and conducting workshops on stress and anger management have all been provided to audiences which are largely, if not exclusively, women.

The Director of Nursing is very involved with the fetal alcohol syndrome issue as a volunteer and has presented a poster session on the topic at the recent Circumpolar Health Conference.

Alberta Region

At Sucker Creek, Alberta, A Womens's Support Group was started approximately one year ago. Weekly group activities include discussions on various topics, handicrafts and other activities, such as sewing and ceramics; they also include low impact aerobics, nutrition, cooking and baking. The attendance varies from 15 to 20 persons. The nurse and community health representative act as resources for this group which was initiated by the child welfare worker.

At Driftpile there is an Interagency Group which meets weekly. Invited resource people have included Health Centre staff. Their activities include handicrafts, exercises, etc. The group also invites Elders to teach in different areas of expertise.

Alberta Region also reports that substance abuse has decreased considerably due to women becoming more and more aware of its damaging effects on families. It is evident in the statistics received from the Treatment Centres that women are entering treatment programs. Facing, and taking responsibility for the addiction problem is the first step in dealing with a multitude of problems. Because the treatment programs are not in a position to handle all psychological issues, Mental Health Services are available to these women who need/request it.

Manitoba Region

Several communities have initiated Well-Women's Clinics once or twice a year for routine PAP and breast exams. Community health representatives/National Native Alcohol and Drug Abuse program workers received training on sexually transmitted diseases (STD) and the importance of prevention, treatment, case finding and the correlation of STD to AIDS/HIV.

Three videos on prenatal, labour and delivery and postnatal care (3 languages) were distributed to South Zone communities for health education. Plans include distribution to all North Zone communities in 1990/91. Prenatal classes are high priority programs and popular in most communities. Fetal Alcohol Syndrome is discussed in classes.

The Manitoba Medical Association has established a working committee including native and MSB consultation to promote awareness/education regarding Fetal Alcohol Syndrome. It was discovered through this group that the Branch NNADAP program produced an excellent teaching manual on FAS.

Women's groups are encouraged in communities, i.e. Brokenhead. A new trend is the increasingly active role of women in the community, and on Band Councils. Three communities have women in Chief positions.

Nurses have volunteered to present information on topics such as: wife abuse, chemical dependency in nursing, and sexuality and the family to outside community organizations.

Saskatchewan Region

The Saskatchewan Health Education unit continues to produce bi-monthly newsletters, which are circulated to all MSB staff and Indian communities. In 1989/90 these provided information on various issues of concern to women, such as parenting, Alzheimer's disease, nutrition, dental, Native culture, nursing in the north, how to prevent accidents during the Christmas season. The unit also developed and/or acquired various resource packages, workshops and audio visual materials for health education purposes which are available to the native communities.

Treatment centres dealing with alcohol and drug abuse target treatment programs towards parenting skills, fetal alcohol syndrome and other women's issues such as spousal abuse and child sexual abuse.

Ontario Region

Programs to promote and publicize improved health for women included:

Annual PAP smears are encouraged but tend to be done more at the time of pregnancy diagnosis. Tests for sexually transmitted diseases are also carried out during the prenatal examination.

Women's Health Clinics began in Kashechewan and Peawanuck (PAP tests, breast self-examinations, health promotion with videos, pamphlets, posters).

All communities in the Moose Factory Zone were involved in the following activities:

- pre and post-natal clinics and home visits; PAP tests, breast examinations (counselling of same) general health care promotion was discussed, pamphlets and videos provided;
- sexually transmitted disease contact tracing and treatment done, at that time patients were counselled regarding prevention, etc.
- well baby/child clinics were held, immunizations done for children and adults, general health promotion done.

The majority of nursing station communities located in the Sioux Lookout zone conduct well-women clinics. Methods of contraception are discussed on a one-to-one basis. Breast screening programs are being planned and initial measures have been taken to assure the opportunity for Native women

to participate in the survey. The Ontario Ministry of Health is targeting 70% of women over 50 years old to be surveyed.

Breast self-examination is taught on a one-to-one basis in Sioux Lookout zone. Several communities held Womens' Clinics which focuses on PAP smear testing and breast self-examination.

In Thunder Bay zone workshops and Women's Clinics were held on pre-menstruation (Ginoogaming), menopause information sessions were also held at Mississauga and Spanish River.

Ontario Region also provided resources (material and people) toward the Equaywuk Womens' Conference. Topics covered were wife abuse, child abuse/child sexual abuse, elder abuse, alcohol and drug abuse, suicide, midwifery, and women's mental health. Fitness classes attended mainly by adult women are offered by the nurses in many of the communities. Most groups meet for a minimum of three months.

In Moose Factory zone at Fort Albany, sex education programs are in place at the Fort Albany School for grades 5/6, 7/8 and are done as requested at Moose Factory and Attawapiskata. At Kashechewan the Health Committee is planning a workshop on sex education utilizing the elders of the community.

Homemakers classes were held at Serpent River and Spanish River in February 1990, and Nipissing in Thunder Bay zone in April 1989. A single mothers' support group has been initiated at West Bay and Self-help support group for women at Shoal Lake. Teenage girls have participated in a babysitting course at Spanish River, birth control and STD workshop at Long Lake, a girl's group has been established at Whitefish Bay and a presentation on adolescent sexuality was given at Garden River.

Québec Region

In Québec, with a view to maintaining the quality of health programs for the native community, considerable efforts have been focused on improving the lives of native women. A number of bodies were involved in these efforts. The local health committees are, in large part, made up of women and thus there is an obvious awareness of women's health needs. Examples: sex education, pre and post natal courses, promotion of breastfeeding, infant and preschool age health, immunization, nutrition...etc.

Atlantic Region

In the Atlantic Region, the vast majority of the community health representatives are women who offer community health awareness services to Native women on-reserves, such as basic counselling, nutrition education, health education, information, etc. Community health representatives also facilitate women's access to primary health care centres.

b. Nutrition

Pacific Region

Community workshops were given on family feeding, food budgeting, buying, covering the nutritional requirements of women and children. In-service education has been provided on the topic "Nutrition Concerns of Women" addressing the challenges of adequate nutrients within caloric limits, osteoporosis, iron status and general health problems.

Prenatal nutrition assessment and counselling actively promoted breastfeeding, including the distribution of promotional T-shirts to infants still breastfed at 6 months. Classes were held on parenting, pregnancy and fetal alcohol syndrome.

Manitoba Region

In 1988 data was collected on births in ten communities regarding infant/breastfeeding patterns. This was the sixth year of data collection for Manitoba. The data contributed to the National Data Base on Infant Feeding.

Ontario Region

In Thunder Bay Zone, community health representatives have held a number of programs dealing with women in their respective communities. Some of these included nutrition talks and discussions, held in conjunction with physical exercise sessions. Nutrition and Weight Reduction Programs have been held in a number of communities including Herson Bay, Mobert, Little Current, Mississauga and Wikwemikong.

Ontario Region has participated in the National Data Base on Breastfeeding among Indian and Inuit women. Data collection was completed in June 1989. The Regional response rate was very good. The Breastfeeding Data Base report will identify regional data on breastfeeding rates, smoking trends, vitamin/mineral supplementation and incidence rates of gestational diabetes. This is new, never before tabulated information. The results will show the extent of the challenges lying ahead for breastfeeding program development within Ontario. Over the past year initiatives continue on promotion of breastfeeding with excellent results particularly in the northern zones.

In Moose Factory in-service education was carried out for the nurses by a Lactation Consultant who was present as a clinical clerk (Dalhousie Medical School). A breastfeeding teleconference was also held in November 1989.

In Sioux Lookout, breast-feeding following birth is encouraged and statistics show that the number of breastfeeding native mothers, while lower than the national average, is increasing.

How to deal with Diabetes, How to Eat Balanced Diets have been popular support groups (95% women in attendance), and are on-going programs in native communities. Diabetes work-shops are underway in Sioux Lookout Zone that stress nutritional factors and strategies. A Regional Committee is currently preparing programs that are basically by and for women that stress a nutritional approach to diabetes prevention through the homemaker.

The incidence of a on-insulin dependent diabetes mellitus is significantly higher in the native population versus the non-native population in Ontario. Those at highest risk are middle-aged women. Several initiatives have been undertaken to prevent obesity, a major modifiable risk factor, as well as to educate the population about optimal management of the disease.

Program initiatives include development of a committee of community-based health workers, to identify key tasks to improve diabetes education. This committee, the Southern Ontario Diabetes Nutrition Committee, met four times throughout 1989/90.

One of the tasks completed by the committee was a review of all educational resources intended for native diabetics. Existing resources were evaluated and the most appropriate items are being distributed widely to health care workers. The committee is also developing a Healthy Eating Guide, which will translate the nutritional concepts of the diabetic diet into a format which is easier to understand. This tool is intended to increase dietary compliance by diabetics and to encourage non-diabetic adults to adopt a healthier life style, to decrease the risk of developing diabetes.

The Committee also facilitated the implementation of a food frequency survey. The survey was carried out in 10 Southern Ontario First Nations Communities. This survey was delivered in conjunction with an educational program for participants. The results will be shared with community leaders and health care professionals, to draw attention to the communities' food consumption patterns. The Southern Ontario diabetes Nutrition Committee also provides an excellent opportunity for networking between those working in community-based prevention and diabetes management

programs.

Ontario Region, with Branch headquarters, coordinated the editorial of a special issue of the Nutrition Newsletter, focusing on diabetes. The Newsletter serves to share information about diabetes prevention, education and management, among health care professionals, para professionals and diabetics in isolated and northern communities.

Québec Region

A brochure "Une vie nouvelle" was distributed to all pregnant women and is now available in the stations. Promotion of breastfeeding was carried out throughout this period. Statistics on the proportion of mothers breastfeeding were collected and documentation on infant feeding was provided to all new mothers.

A taped interview was recorded by the regional nutritionist during her visit to the Manouane community radio station. This cassette covers all aspects of breast feeding and will soon be distributed to all reserves.

Workshops on diabetes were organized in three communities for all diabetics in the community. There was heavy attendance by women with diabetes.

c. Parenting Skills

Ontario Region

At Long Lake 58 Reserve, parenting workshops were held (5 sessions). These included the Way of the Elders, Nutrition, Discipline, Management of Minor Ailments in Children and Family Planning. In Constance Lake a First Aid for Mothers course was conducted. One area in Ontario Region held two "Mom and Baby" days which provided information on child care.

Manitoba Region

Nobody's Perfect training included 10-12 nurses, several provincial community health workers. It is anticipated that community health represent - atives, interested community leaders and high school home economics teachers will receive training and offer training to younger client groups within schools and community settings to further primary prevention before adolescent pregnancy and parenthood occurs.

d. Maternal and Child Health

Yukon Region

Prenatal clinics are offered to all women who are pregnant. Services include pregnancy tests, referral to doctor, examinations, counselling and education, either on a one-to-one basis or in group prenatal classes. Health education topics stressed include nutrition, exercise, pregnancy growth and development, Fetal Alcohol Syndrome, breastfeeding (Yukon has the highest breastfeeding rate in Canada), parenting, infant care. Through a collaborative effort with the Yukon Association for Community Living, all Yukon health units are currently distributing "alcohol-related birth defects kits" to every person in the prenatal period. The largest health unit in the Yukon, Whitehorse Health Centre, servicing the city's 20,000 population, holds drop-in clinics which allow for infant checks, immunizations, counselling, moreover concurrently this provides the opportunity for socialization and support amongst the mothers.

Ontario Region

Prenatal classes are offered in all zones by community health nurses for pregnant clientele. The length of the prenatal class series varies as does the amount of information provided. Series of classes are offered twice a year in most communities.

Post natal examinations and infant assessments are also carried out. In northern communities, this is completed by the MSB nurses while in the southern more urban communities this service is completed by the clients'

physician.

In Thunder Bay zone, the identification of clients in order to provide them with advice and education in regards to their well-being throughout their pregnancy and post-partum period is done on an individual basis and prenatal classes were held where numbers warranted. In addition, in the Little Current and Wikwemikong areas prenatals were taken on a tour of the local hospital's obstetrical unit.

e. Family Violence

Yukon Region

Mental Health Services in the Yukon actively participate in the non-profit, volunteer organization Association for the Prevention of Community and Family Violence. Consultative support has been provided to the territorial government in the development of treatment services for children who have been sexually assaulted and discussions have been held with local media on guidelines for the sensitive reporting of sexual assaults.

Workshops have been held on wife assault for community health representatives and a therapeutic group was held for women who were sexually abused as children. Assistance was provided in the revision and distribution of the second edition of Women can't be beat! an educational and promotional kit on wife assault. The Mental Health Services also provided a keynote speaker for a two-day workshop on wife assault for justice workers which was sponsored by the territorial government.

At the community level, counselling/support is offered as and when necessary in each health unit. Any woman who presents any degree of stress as a result of an event (in particular related to spousal abuse or assault - verbal, physical, emotional, sexual) is seen by the nurse who will listen, support, counsel and refer if necessary to other services. This service may include crisis intervention and/or ongoing counselling.

Support to volunteer and women's organizations is also a part of the community health nurses' role in supporting womens' groups and organizations. The community health nurses teach various aspects of health education at such places as the women's transition house, Salvation Army house, local safe house for abused women, and provide support for the LaLeche league.

In the Yukon Region of Medical Services Branch, there has been increasing concern regarding violence towards Medical Services Branch staff at the hospital and efforts are being made to reduce the violence. Safety measures have been instituted including warning buzzers and personal warning devices as well as special hospital codes for assistance.

Pacific Region

Pacific Region has facilitated women's workshops on wife battering; Adult Children of Alcoholics (ACOA); Women's Support groups; survivor groups and a seminar on suicide for Indian Homemakers Association of B.C.

The region funded the development of a new curriculum for native community health representatives and other care givers in the 200 native communities in British Columbia. One of the new 3-week modules covers family and interpersonal violence in all forms: child abuse and neglect, wife battering, sexual abuse and elder abuse. Participants in the course have had the opportunity to learn how to better manage situations involving victims. During the 1989-90 fiscal year there were 175 native women sponsored in taking these 3 week courses.

Saskatchewan Region

The National Family Violence Initiative has contributed towards the start-up of various healing groups, including women support groups. The awareness of family violence issues has increased greatly through informational workshops and self-help groups. Saskatchewan is represented on the National

Family Violence Review Committee by Ms. Gladys Johnson, a Native woman.

Along with other federal and provincial agencies, Medical Services Branch participates and supports the Saskatchewan Advisory Committee on Family Violence. This advisory committee is made up of the three native women's groups: Saskatchewan Treaty Indian Women Council, Metis Women's Society, and the Aboriginal Women's Council.

The region contributed towards production of a video called **No Laughing Matter** produced by the Saskatchewan Treaty Indian Women's Council on family violence. The region also initiated work on a resource guide on family violence for communities to use. This guide provides information and lists resources the communities can utilize for support and follow-up services. The guide is scheduled for distribution later in 1990.

Manitoba Region

Each community has established a team to deal with child sexual abuse. Several communities provide sheltered homes, and a Women's Crises Line. There are five projects funded by one of the three funding bodies to promote community-based mental health initiatives to reduce child sexual abuse/ family violence. Three different communities have been accepted for project funding in the period 1990/91.

Ontario Region

During 1989/90 a total of 21 family violence and child sexual abuse proposals were received from native bands and organizations in Ontario. Seven (7) of these projects received funding in the amount of $109,005 through Health and Welfare Canada and the Department of Indian Affairs and Northern Development. One project was specifically for **Women Against Violence**, the others involved women through family violence workshops and community meetings.

Various workshops were held in Southern Ontario Zone through social services providers with Medical Services Branch personnel assisting/participating as requested. Spousal and elder abuse were items of concern. A spin-off was the creation of an Abused Women's Self-Help Group which continues to meet weekly in one community.

Other activities include:

- A Child Abuse Committee in Moose Factory on which both Community Health Nurses sit as well as the Paediatrician (clinical clerks and intern when present).

- The Mental Health Worker in Kashechewan held a workshop on the same topic in 1990.

- Family Violence Workshop was held in Fort Albany in April 1989. The Community Health Nurse took part on planning, implementing, etc. and funding was provided on the co-sponsorship of MSB and DIAND Family Violence Initiatives program.

- All communities display poster, pamphlets, etc. and Community Health Nurses make referrals to mental health workers as required.

- Workshop organized in the Thunder Bay Zone area by the community health nurse assisted by the nurse at Migisi (Rat Portage reserve).

- Human Sexuality and Child Sexual Abuse presentations were given at Cutler and Mississagua.

Through support attained from the branch, a volunteer support group, MANOTSAYWIN NANOTOOJIG (Native Action Against Family Violence), was able to function out of the Sudbury Health Centre, Thunder Bay zone. This volunteer support group, comprised of Native women, were able to pull together their resources and skills to initiate activities to combat violence against women and violence in the family.

While these women provided the human resources needed to carry out such a task, Medical Services assisted in providing necessary functions for the group to exist. Office space, as well as furniture was

donated to the group and several of their endeavours were sponsored. With assistance from the Branch, this group was able to develop numerous projects, such as; workshops raising awareness levels of Native women, and developing kits and videotapes to be circulated to First Nation communities. Directly related to assisting in the fight against family violence was a decision made by Medical Services to fund a project under the joint Family Violence funding program. Tripartite funding was secured and a needs assessment for 22 First Nation communities in North Eastern Ontario was launched. The MANOTSAYWIN NAN-OTOOJIG Services Planning project is an in-depth assessment documenting needs that will make pertinent recommendations for improvement and change. The methodology of the project was conducted in direct collaboration with those communities involved. The project has not only addressed the concerns in regards to family violence, but has also raised awareness levels of women and other community members through individual community meetings, workshops, and individual needs assessments.

Medical Services Branch provided a total of $132,000 towards Crisis Intervention Programs in Thunder Bay zone with the Islington (Whitedog), Whitefish Bay and Grassy Narrows bands. MSB also provided $40,000 to the Shibogama Area Tribal Council in Sioux Lookout zone to assist in their youth mental health and teenage suicide prevention programs, which are aimed at increasing health and safety awareness.

Crisis intervention is also dealt with in the northern communities by the nurses who are called upon to deal with physical injuries as a result of family violence. Injured women are referred to the mental health worker (if available) and occasionally arrangements are made to remove the woman from the community for a few days if the family situation is extremely volatile.

Québec Region

Women's committees were used to discuss and act in the areas of family violence, sexual abuse of women and incest.

Atlantic Region

Four family violence projects are being funded to a total of $72,574.00 this year. The banks of Connie River, Newfoundland, Acadia, Nova Scotia, and Lennox Island, Prince Edward Island, as well as the Micmac Child and Family Services will offer a variety of health education/promotion activities which include women and violence and health prevention. Specific details for each project must be requested from the respective organization/band.

f. Mental Health

Yukon Region

Consultative support has been provided to an educator interested in setting-up a women's studies course for the junior high school level. Support has also been provided to the territorial government in the development of a Safe Places Program. A crisis line was staffed following the national CBC airing of To A Safer Place. Ongoing support has been given to a pilot project sponsored by the local transition home on peace bond advocacy. Staff have also participated in discussions with local media on guidelines for the sensitive reporting of sexual assaults.

Alberta Region

The Mental Health Services for the Region have been instrumental in developing and supporting mutual support and peer support programs for young women and women with children. Modules have been developed through some of the Indian Colleges to provide assistance for groups to develop skills for management of expressions of anger and violence in the home setting, as well as developing life-skills. In an analysis of a sample of the mental health clientele in Alberta, it was found that 62% of the services are provided to women.

Manitoba Region

The Northern medical Unit provided several psychiatric nurses to eight fly-in communities to counsel, assess and refer clients. Mental Health Committees were established in North and South zones to survey needs and establish resources within several communities. Clients are also referred to psychiatrists and provincial agencies.

A Native Suicide Prevention Conference, sponsored by provincial agencies/experts attracted many native health workers and provided ongoing professional development. Several communities provided speakers on suicide, and self-help.

Manitoba's pilot project at Brokenhead illustrated intersectoral cooperation regarding clinical training and observation. Manitoba Mental Health Directorate was instrumental in providing training for this project's community mental health workers. Several classes on self-identity were taught to elementary students by teachers, parents and health care workers.

A school health strategy to promote health education instruction for kindergarden to grade 9 students in band-operated and federal schools is in the planning stages: mental health promotion (including self-esteem enhancement) is one primary unit of this provincial curriculum.

Ontario Region

Mental health, suicide attempt (prevention) and esteem raising programs have been held. All community health nurses are involved in counselling patients, and referrals made to mental health workers in Moose Factory. The Patient Representative in Sioux Lookout Zone continues to encourage women to discuss their problems and assists them in contacting agencies which offer assistance.

Nurses are involved in dealing with the families of suicides and with clients who attempt suicide particularly those that occur in the more isolated communities. Nurses may be part of the team that is requested to go into the community to provide counselling and/or prevention programs to the community members.

Atlantic Region

During 1989, Atlantic Region developed a 3-year Native program plan for the implementation of the **Nobody's Perfect - Parenting Program.** The target group is young Native women who are socially, geographically, and culturally isolated in Atlantic Canada. The objectives for this program are: (1) to increase participant's knowledge and understanding of their children's health, safety and behaviour; (2) to effect positive changes in the behaviour of participants in relation to their children's health, safety and behaviour; (3) to improve participants' confidence and self-image as parents; (4) to improve participants' coping skills as parents and (5) to increase self-help and mutual support among parents. To date 23 group leaders have been trained.

g. National Native Alcohol and Drug Abuse Program (NNADAP)
(See also Family Violence Section)

Saskatchewan Region

The National Native Alcohol and Drug Abuse Program (NNADAP) regular programming focuses on youth in many communities and provides services such as recreational, cultural and informational activities, peer counselling and suicide prevention. The National Drug Strategy Initiative supports this special focus on youth programming and relies on voluntarism by community members to carry out preventative activities. The Regional Youth Advisory Committee organized a youth conference in March 1990, entitled **"1990 Native Youth Challenge - to a drug free lifestyle".** One hundred and twenty delegates participated and they represented over 40 Bands in Saskatchewan.

Manitoba Region

A special project highlighting a Substance Abuse Conference (3 days) in the North Zone provided training from native band staff, including native and non-native health workers, and interested participants on substance abuse and its prevention.

A trend has been noticed regarding increased requests by nurses to have youth/young adult resources for solvent information sessions.

NNADAP workers provide regular preventive activities, referrals and follow-up services in communities. A training session on AIDS and sexually transmitted diseases was held for community health representatives and NNADAP workers including the linkage of drugs and alcohol abuse to AIDS/HIV/STD. The importance of native health workers' activities to prevent drug use was stressed. The target group was identified as young adults/school dropouts.

One community has established a Women's Abuse program and crisis line to promote prevention of substance abuse.

Ontario Region

All substance abuse programs in NNADAP are provided to both men and women in the community, however counsellors also provide specific programs to women, such as fetal alcohol syndrome awareness.

The National Drug Strategy provided funding to 24 projects, involving 77 communities. Activities included youth leadership training; role models; peer support programs and counselling activities; substance abuse knowledge; awareness and education programs; and cultural and recreational alternatives to drugs.

Nishnawbe-Aski Nation held a youth conference in December 1989 which involved young women/teenagers as a portion of youth participants. Topics included at the three-day workshop were youth suicide discussions; substance abuse with the native community; group development learning skills; youth community involvement; child sexual abuse; role models; teenage pregnancies and financial support.

Medical Services Branch, through NNADAP treatment contributions, provided an outreach program at the Lakeside Centre, Northern Regional Residential Treatment Program for Women, in Sudbury. The Lakeside Centre provides 28 day and other extended length treatment and rehabilitation programs for women who are chemically addicted. The NNADAP program provides individual, family and group counselling services and provides aftercare program to all native women who complete treatment, through a worker who travels to the reserve where our native clients live.

In Thunder Bay Zone, A NNADAP prevention program is offered through Beendigen Inc., a native women's crisis home. Services provided include one-on-one and group alcohol and drug counselling; referral and advocacy services to community resources; conducting mini-workshops on alcohol and drug abuse for the in-house and aftercare clients; and follow-up visits.

A group in the Thunder Bay zone called "Spirit of the Rainbow" and "Leadership Trainers" have met with young women in educating about substance abuse and lifestyle alternatives.

In Fort Albany, Moose Factory zone, community health nurses and health representatives participated in a community protest march against alcohol abuse; and community health nurses also participated in Community Medicine Wheel, an evening of discussion on alcohol abuse programs planned in conjunction with Band members for substance abuse education programs for young adults and in the schools. The Peawanuck community health representative also gave lectures to school students and provided videos, pamphlets and posters.

In Moose Factory, during Drug Awareness Week 1989 a display was set-up and posters

provided. The community health nurse and nursing students participated in the Community Awareness displays at Ministik School for Drug Awareness Week. Many referrals were made by physicians to Keewaytinook Alcohol Abuse Program (KAAP) for patients in need of counselling and community health nurses attended the Native Life and Addictions Workshop (February 1990) in Moosonee.

Québec Region

The NNADAP provided information on the fetal alcohol syndrome and the accessibility to rehabilitation centres for women with alcohol and drug problems.

Atlantic Region

Alcohol and drug abuse prevention and treatment programs are offered to all Native women. Actual numbers of women participation at prevention workshops and accessing treatment centres is not available. These programs are for all natives.

h. Research

Saskatchewan Region

Major research was conducted on the 20-year trend in cancers among registered Indians, specifically female breast and cervical cancer. Research results were scheduled for presentation by the Regional Health Planner at the Circumpolar Conference in May 1990 and at the Canadian Public Health Association Conference in June 1990.

Diabetic research was initiated in October 1989, updating the chronic disease register. Special attention is paid to gestational diabetes, which affects women during pregnancy. Research is targeted for completion in August 1990. A presentation is to be made at the International Native Diabetes Conference in November 1990 in Minneapolis, Minnesota by the Regional Nutritionist.

Manitoba Region

A food study is proposed for funding and will focus on food consumption patterns in two northern flood communities. One of the two target groups involves women of childbearing age. The study will examine the role of fish and alternate protein sources within communities.

Ontario Region

Research into women's health problems, including nutrition, STD and cervical cancer is being carried out. A research grant to look into infant nutrition studies was considered by McMaster University.

XI-2

Employment and Career Development

Yukon Region

A woman is completing her training as a social services worker. As well, staffing is currently underway for training positions for a laboratory assistant and a second social services worker.

Pacific Region

The Region supports a number of projects which promote higher enrolment of women in health professions. During the 1989/90 fiscal year eight native women who are in training in health careers were employed in program management positions within the Region. This career-related employment initiative offers an opportunity for native women to gain program management experience before graduations.

Alberta Region

In the health careers area in Alberta there has been an increase in the number of

native nursing students and a number of female students are going into rehabilitation medicine. Fifteen female students have completed the first year of the Health Development Administration Certificate Program through Athabasca University and seven female students graduated in 1990 from the program.

Saskatchewan Region

The National Clinical Training Program for Nurses is offered to Band and MSB employed nurses. It is a 16 week intensive assessment and skill training course specifically designed to facilities where nurses are required to perform in expanded roles.

Educational opportunities for Native women who want to go into nursing are improving. There are various pre-nursing, certified nursing assistant, diploma as well as baccalaureate nursing courses available within Saskatchewan. The Region's Indian and Inuit Health Careers program continues to support the ational Native Access program to Nursing, operating out of the University of Saskatchewan.

Manitoba Region

Ongoing training of nurses is provided through Northern nurses program at Thompson, Manitoba. Eleven nurses are expected to graduate this year. Eight native nurses are employed in the North Zone of Manitoba.

Twelve of the newly-hired community health representatives received a one week basic training course on first aid, diabetes, and home visits. Upgrading courses on HIV/AIDS/STD were provided to two native health workers in each community.

A new position for a native nutrition educator was created within community-based programs at regional level and funded through the National Indigenous Developmental Program (NIDP) program. Major activities focus on the revision of a weight control program. Two native health workers also received support to complete a distance learning Hospital Administrators course from the University of Saskatchewan.

Ontario Region

Health Careers in Ontario's Moose Factory zone includes Northern College nursing students spending clinical rotations with the hospital, nursing stations and health centres; other nursing students rotating are Queen's University, University of Toronto and Seneca College. Opportunities are also provided for medical students to do electives at the Moose Factory General Hospital; Indian/Inuit Summer Health Careers Programs are also conducted. In-service nursing training includes national clinical training program, community health nursing in-service education and unit administration courses.

In 1989/90 through the Health Careers Program, Ontario Region provided funding of $138,204 to Lakehead University's Native Nurse Entry Program. This program provides a foundation of preparatory work to enable native people to enter the Bachelor of Nursing Program at the University. Last year, twelve, mostly mature, students were enroled. In total, 48 students, of whom 46 are women, have entered the program. These students face many obstacles to post-secondary education which this program attempts to overcome. These obstacles include inadequate academic preparation, relocation, housing and a large number of dependants. This program is important in terms of access to the nursing profession for native men and women. An evaluation conducted in 1988/89 shows it is a success. Sixty-seven percent of the students who entered the program are now in university.

In 1990/91 MSB, Ontario Region will be co-funding this program with the Provincial Department of Health.

Québec Region

A scoliosis screening project was funded with monies earmarked for the native health careers program. This

initiative helped parents and primary school pupils (especially girls, who are more often affected than boys by this problem of curvature of the spine).

Another project involved the services of a student (who had completed his third year of medicine), who acted as a link between the Montreal hospitals and the clientele at the Montreal native friendship centre (many of whom are women).

Atlantic Region

The objective of the Health Careers Program is encouraging and supporting Indian and Inuit participation in education opportunities leading to a professional career in the health field. Although the program does not actively promote the encouragement of native women into the work force it does fund several projects which identify women as a target group, such as the following:

Remote Access Program to Nursing and Other Health Careers: through this program the Labrador Inuit health Commission promotes health related careers for Native women in Inuit communities. A Health Careers counsellor provided advice and assistance on how to access health programs.

Certificate in Health Development: thirty (30) Native women from a class of thirty-four (34) are actually pursuing a Certificate in Health Development at Dalhousie University. This 2-year program provided upgrading, personal growth and development and academic courses in health areas over 1988-1990. At its completion, students will receive four university credits which are transferrable to a potential future health career, e.g. nursing, medicine, health education.

Certificate in Social Work (Drug and Alcohol Studies): St. Thomas University did not specifically recruit women into its Certificate in Social Work specializing in drug and alcohol studies. Yet, many of its forty-three (43) students are women who will successfully complete their training in September 1990. Six credits will be transferrable to other health and social programs such as nursing, social worker.

XII

IMMIGRANT AND VISIBLE MINORITY WOMEN

XII-1

Policy Review and Development

This was a period of consolidation and continuing efforts working with provincial government officials and others to bring more concerted attention to the concerns of the National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC) and to coordinate information on provincial initiatives. The Office of the SASW represented HWC at meetings of the federal Interdepartmental Committee and Working Group on Immigrant and Visible Minority Women, where inter alia HWC activities to promote the development of appropriate health services, income security programs and social services were reported.

a. Federal/ Provincial Initiatives

Following the presentation by the SASW of the concerns of the NOIVMWC to Federal/Provincial Advisory Committees, formal liaison was established with provincial/territorial health ministries for information collection and analysis and to encourage collaborative efforts in addressing common problems.

b. Health Promotion

The Health Promotion Contribution Program has supported women's and community groups engaged in health promotion projects addressing the needs of immigrants in general and immigrant women in particular. Notable among these are: **Project Soledad** of the Mennonite Centre for Newcomers in Edmonton Alberta, a project to develop effective, culturally acceptable and accessible resources, to bring women together and create mutual support structures; and **Time for a Change**: A Prevention and Mental Health Promotion Program of the Chinese Family Services of Montreal, to undertake culturally sensitive measures to promote community awareness around mental health issues, create a social support network and sensitize existing health services of Chinese immigrant women. (A short description of current women's health promotion projects may be found in Appendix II.)

The Proceedings of a 1988 National Workshop on Aging and Ethnicity, a forum for cultural minorities to share their concerns with government officials and professionals and identify mechanisms to address these concerns, were published in English, French and ten other languages. The report **Ethnicity and Aging** summarizes the issues participants identified as important for those seniors in Canada who are from minority ethnocultural communities. It includes 33 recommendations put forward addressing their concerns regarding public understanding and acceptance of cultural diversity; working together with governments, institutions and organizations; access to information about and for ethnic seniors; access to mainstream services and development of culturally appropriate and sensitive services; special needs in

adaptation and language training services; financial security; independence issues; and follow-up to the Workshop. A Multiculturalism, Aging and Seniors Coordinating Committee has been established to collect information on relevant follow-up activities.

c. New Horizons

The New Horizons Program remains an excellent resource to promote self-help projects for elderly immigrant and visible minority women. Thousands of women members of multicultural groups have participated in these New Horizons projects, sharing their skills, talents and experience in meaningful activities of their own choosing that benefit themselves and their communities.

d. Income Security: Eligibility for Old Age Security (OAS/GIS/SPA)

Prior to 1977, the basic Old Age Security (OAS) pension was payable in full or not at all. In 1977, however, the OAS Act was amended to provide for the payment of partial pensions calculated at the rate of 1/40 of the maximum OAS pension for each year of residence in Canada after age 18. A minimum residence requirement of ten years must be met for payment in Canada and twenty years for payment abroad. At the same time, amendments to the OAS Act also enabled the Government of Canada to include the OAS program in Social Security Agreements.

Canada has reciprocal social security agreements in force with nineteen countries. As Canada negotiates and implements more International Social Security Agreements, more new immigrants will be able to qualify for a partial OAS pension with as little as one year of residence in Canada. Once in receipt of the OAS pension, the new Canadian resident may also qualify for the Guaranteed Income Supplement and the pensioner's spouse for Spouse's Allowance. Information on these agreements has been prepared by the Department in several languages of origin of the immigrants affected to help ensure those eligible for benefits are informed of the agreements.

Since the government recognized that there may still be many immigrants who are not covered under an International Social Security Agreement, the OAS Act was amended in 1984 to enable low-income pensioners receiving partial OAS pensions - most of whom are immigrants - to qualify for additional GIS benefits so that they will have the same guaranteed minimum retirement income under the program as persons receiving full OAS pensions. Needy partial OAS pensioners receive a GIS benefit equivalent to the difference between their personal OAS benefit and the guaranteed level.

Income security for Canadians, including senior immigrant women, has been improved with the extension, effective September 1985 of the Spouse's Allowance to all low-income widowed persons aged 60-64 who have resided in Canada for 10 full years after age 18, regardless of the age of their spouse at the time of death. This has contributed to a decline in female poverty in this age group.

e. Child Care Initiatives Fund

Under the Child Care Initiatives Fund described in section II, projects on the special needs of children of minority ethnic communities are supported. One CCIF project is funding the Franciscan Sisters Benevolent Society, to establish a multicultural daycare project for immigrant pre-school children whose families are in transition. ($765,454)

XII-2

Liaison with Immigrant and Visible Minority Women's Groups

See Introduction

XII-3

Task Force on Issues Affecting the Mental Health of Immigrants and Refugees.

The Report of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees - **"After The Door Has Been Opened"**, which included a chapter on the special needs of immigrant and refugee women, was released to the public on February 16, 1989. A joint initiative was taken by Health and Welfare Canada and Secretary of State Multiculturalism sector. The Task Force is aimed at determining and assessing the mental health needs of immigrants and refugees, as well as recommending appropriate courses of action.

While most of the 27 recommendations are directed individually or collectively at three federal departments, they pertain to matters which fall largely within provincial jurisdictions. In addition to the co-sponsors, other federal departments involved are, Employment and Immigration, Communications, Labour, and Status of Women.

Federal follow-up activities completed or underway include:

- A research proposal for formulation funding for a joint undertaking by the Canadian Centre for Victims of Torture in Toronto and the Vancouver Association of Victims of Torture to determine assessment and treatment procedures for victims of torture is being processed;

- A study to determine the feasibility of creating Centres of Excellence for cross-cultural training, research and information exchange on migrant mental health is underway; and

- A workshop of experts to determine research priorities in cross-cultural health that are likely to be funded by this Department was planned for September 1990.

XIII

INTERNATIONAL ACTIVITIES

II-1

UN Commission on Status of Women

See Introduction

XIII-2

Women Health and Development

See Introduction

XIII-3

Representation of Women on Delegations to International Meetings

Intergovernmental and International Affairs Branch continues to monitor the representation of women on international delegations. However, in many instances (for example, structuring delegations to WHO and PAHO meeting) the branch (or the department) does not have control over who is designated by the provinces. However, IIA continues to work with the provinces and other organizations in an effort to establish gender balance on delegations. (See Appendix V)

XIII-4

International Meetings of the World Health Organization (WHO)

The May 1989 Meeting of the World Health Assembly adopted resolution WHA 42.42 which urged member states who have not already done so to:

1. recognize the social significance and implications of women's health;

2. recognize the severity of the health risks incurred by women...and to publicize and utilize the adequate methods of preventing these risks;

3. examine the health, social, cultural and economic circumstances of women and to implement an integrated and comprehensive approach on the basis of this analysis, including the full participation of women;

4. utilize actively the experience, expertise and common concerns of nongovernmental organizations...as well as women's groups in the formulation, implementation and evaluation of programs for women's health;

5. ensure that the health and social services necessary to sustain women's health are accessible to all on a non discriminatory basis; and

6. bring the legal status of women at par with men so that education, health and other social services are available to them equally.

The resolution also requested the Director General to assist member states in their efforts, to maintain and extend to all regions the network of WHO collaborative institutions, to maintain and strengthen the collaboration with nongovernmental organizations, women's groups and to maintain and strengthen intersectoral approaches through collaboration with relevant United Nations and governmental and non-governmental organizations.

The Canadian government in supporting this resolution indicated to WHO management

that participation of women in the work of the organization is an important issue requiring continuing attention and regular progress.

The World Health Organization is now in the process of preparing a major report on Women Health and Develop- Activities. The report will be presented to the Executive Board in January, 1991 and the Assembly in May, 1991. Women, Health and Development will be the subject of the Technical Discussions for the May 1992 World Health Assembly.

XIII-5

WHO Committees and Study Groups

Intergovernmental and International Affairs Branch continues to monitor the involvement of women on WHO expert committees and study groups. In 1989 there were 54 expert advisory panels composed of 2245 experts. Of these 299 were women, 22 women were appointed during the year.

XIII-6

WHO/PAHO Fellowships

Intergovernmental and International Affairs Branch continues to administer the WHO/PAHO Fellowship Program which provides short-term fellowships for study abroad in health related fields. In 1989 30 fellowship applications were received: 20 from men and 10 from women. Twelve (12) fellowships were awarded, of these 4 (33.3%) were to women. Men continue to submit more applications and consequently receive more awards.

XIII-7

Nongovernmental Organizations

Intergovernmental and International Affairs Branch continued to work cooperatively with a range of NGOs involved in the international arena and to use available opportunities to apprise these groups of the Nairobi FLS.

XIII-8

Federal/Provincial Advisory Committee on International Health Affairs

Only one meeting was held for the period under review. The agenda for this meeting focused on AIDS in Africa and the Role of Nursing in the Strategy of Health for All. With respect to AIDS in Africa, Dr. Pierre Viens of Laval University pointed out that the disease is having a significant economic impact on the entire continent both in terms of treatment costs and lost human resources. He emphasized that priority must be given to research on preventive devices which can be used by women who, in Africa, are dying in large numbers from the disease. The Committee also reviewed the WHO paper entitled, **The Role of Nursing and Midwifery Personnel in the Strategy for Health for All.** Provinces were generally supportive of the paper, and agreed that Canada should sponsor the resolution. Some provinces expressed interest in recognizing midwifery as a profession while others saw a greater role for nursing specialists especially in remote areas, but did not see this as including recognition of midwifery.

XIII-9

European Centre for Social Welfare Policy and Research (ECSWPR)

Intergovernmental and International Affairs Branch continues in its efforts to ensure that women's issues and concerns are voiced in international seminars, expert group meetings, workshops and research projects organized under the auspices of ECSWPR. In September, 1989 an International Seminar on Care for the Elderly: Implications for Action was held in Ottawa. The issues

considered were home care, voluntary support groups and institutional services.

XIII-10

United Nations Convention on Psychotropic Drugs

Canada co-operated very closely with UN institutions in the drafting of the UN Convention against illicit trafficking of narcotic drugs, and it is expected that the Convention will be ratified by Canada in the summer of 1990. Canada's annual contribution for 1989/90 was $900,000.

XIII-11

United Nations Convention on the Rights of the Child

The UN Convention on the Rights of the Child was adopted by the United Nations in November, 1989. Canada was a major player in drafting this convention which is expected to be signed by Canada in the Spring of 1990 and ratified in 1991. This convention represents a landmark document in the recognition of rights of a very vulnerable group of individuals.

In September 1990, the Canadian Prime Minister will co-chair the World Summit on Children. The Summit will serve as a venue to encourage countries, who have not yet done so, to sign and ratify the Convention.

XIII-12

1994 International Year of the Family

In December 1989, the United Nations General Assembly adopted a resolution proclaiming 1994 The International Year of the Family. The objectives of the year are to stimulate local, national and international actions as part of a sustained long-term effort to:

a) Increase awareness of family issues among governments as well as in the private sector...;

b) Strengthen national institutions to formulate, implement and monitor policies in respect to families;

c) Stimulate efforts to respond to problems affecting, and affected by, the situation of families;

d) Enhance the effectiveness of local, regional and national efforts to carry out specific programmes concerning families by generating new activities and strengthening existing ones;

e) Improve the collaboration among national and international non-governmental organizations in support of multi-sectoral activities;

f) Build upon results of international activities concerning women, children, youth, the aged and the disabled.

A number of fundamental principles have been developed which should underlie all activities undertaken in preparation for, and in observance of the International Year. Of particular interest is the recognition that "families assume diverse forms and functions from one country to another and within each national society... Consequently, the international year should encompass and address the needs of all families." Also noted in the expressed principles is: "Policies should aim at fostering equality between women and men within families and to bring about a fuller sharing of domestic responsibilities and employment opportunities."

XIII-13

World AIDS Day 1990 - Focus on Women

At the January, 1990 WHO Executive Board Meeting, the Director General of WHO announced that the theme for the December 1, 1990 World AIDS Day will be "Women and AIDS". This focus will reflect not only the impact of AIDS on women but the crucial role women play in preventing infection and in caring for HIV-infected people and people with AIDS. This program will be undertaken within the framework of the WHO program on Women, Health and Development.

XIV

Equity in Employment

See Appendix VI for a report on the Departmental Employment Equity Program.

APPENDICES

Appendix I - Overview and Highlights of the Quinquennium. This Overview reviews highlights of the quinquennium 1985-1990, the period of the HWC Plan of Action Based on the Nairobi Forward-Looking Strategies (FLS) for the Advancement of Women to the Year 2000 which was contained in the 1985-86 Report.

APPENDIX I

OVERVIEW AND HIGHLIGHTS OF THE QUINQUENNIUM

OFFICE OF THE SENIOR ADVISER STATUS OF WOMEN (OSASW)

- The Departmental Plan of Action 1985-1990 was developed and reported on annually.
- The major achievement of this period was the 1988 National Symposium on Changing Patterns of Health and Disease in Canadian Women, and publication of the Proceedings, a comprehensive report on this pathfinding meeting.
- In June 1988 the Conference of Deputy Ministers of Health established a F/P/T Working Group on Women's Health, initially chaired by the SASW, meeting twice annually and reporting directly to the Conference of DM's on the current and emerging health concerns of Canadian women with a mandate to provide a conceptual paper on women's health and a paper on mental health.
- International activities during this period were extensive, involving close continuing cooperation with Pan American Health organization (PAHO) as Canada's Focal Point on WHD, and Chair of the PAHO Executive Subcommittee on Women, Health and Development; The SASW participated in WHO's Consultation on Emerging Needs in Family Health (1989), Geneva for which she prepared a discussion paper; she served as Canadian representative and Vice-President of the U.N. Expert Group Meeting on Social Support Measures for the Advancement of Women,(1988) Vienna, for which she prepared a Canadian Case Study; and was a member of Canadian delegations to the U.N. Commission on the Status of Women in 1987 and 1990.
- The OSASW coordinated comprehensive HWC input to the Dimensions of Equality federal government work plan for Canada, updated in January 1989.
- Women's mental health was a major focus of activity nationally and internationally: the SASW addressed the 1989 CMHA National Conference on Women's Mental Health; there were numerous requests for copies of her 1987 WHO monograph "Women and Mental Health: A Post-Nairobi Perspective" and "Is Being Poor a Mental Health Hazard", published in Women and Health.
- Policy development expanded dramatically on initiatives relating to the integration of work and family responsibilities and on the reproductive health of women, particularly the emerging concerns raised by the current and likely future applications of new reproductive technologies.
- The OSASW worked closely with branches on development and implementation of a gender perspective for major departmental thrusts in family violence, seniors, child care, AIDS and drugs.

INCOME SECURITY PROGRAMS

- In 1985 and 1986 the Spouse's Allowance Program was extended to all needy widowed persons aged 60 to 64 regardless of the age of their spouse at death, and the Pension Benefits Standards Act was amended to establish an earlier vesting and locking-in provision, improved survivor provisions, improved financing provisions as well as the elimination of sex discrimination in the provision of benefits.

- CPP amendments of particular benefit to women came into force in 1987, e.g. mandatory division of CPP pension credits upon divorce or separation; equal sharing of retirement pensions by spouses; survivor benefits no longer discontinued on remarriage, with retroactive reinstatement; and higher ceilings on combined disability/survivor/retirement pensions.
- Survivor Benefits under the CPP was an ongoing concern with a 1987 Consultation Paper proposing modifications the survivor benefit structures, and a response by the Standing Committee on National Health and Welfare recommending the major proposal outlined in the Consultation Paper be modified. Federal and provincial officials have reached agreement on a majority of proposed reforms. (See I-3 in this report).
- Federal government initiated a joint federal-provincial study including a homemaker pension in the CPP, which is now under consideration by the federal and provincial Ministers.
- A number of Charter challenges have been initiated in the Courts, via.: that the current CPP survivors provisions discriminate on the basis of age; that SPA benefit entitlements are limited on the basis of marital status and/or sex; that the SPA discriminates on the basis of sexual orientation (because the OAS Act specifies that a spouse must be a person of the opposite sex); and that Family Allowances (paid to the female parent) discriminate on the basis of sex.

SUPPORT SERVICES TO FAMILIES AND INDIVIDUALS

- Under the 1987 the National Strategy on Child Care (consisting of a new Canada Child Care Act, Child Care Initiatives Fund (CCIF) and two tax measures) tax assistance to families with young children under the child care expense deduction was doubled for children six years of age and under and for children with special needs, and there was a supplement to the Child Tax Credit in 1988 and a further $100 in 1989 for each child six years and younger. As of March 31, 1990 approximately 250 development and research projects have been approved by CCIF. As the National Child Care Act was not passed prior to the dissolution of Parliament on October 1, 1988, the government is currently reviewing this component of the Strategy and is committed to a national child care program before the end of this mandate.
- Since the 1985 federal-provincial-territorial agreement on a seven point strategy to help social assistance recipients achieve greater self-sufficiency, including initiatives of particular benefit to sole support mothers on social assistance, levels have reached a total commitment of $800 million over the three year period. Agreements are to be in place with all provinces and the Northwest Territories and have been extended to 1991.

FAMILY VIOLENCE

- The Family Violence Prevention Division created in 1986, is responsible for coordinating all federal initiatives associated with family violence. Two federal initiatives support the mandate of the Division:
  (1) the Child Sexual Abuse Initiatives (1986-1991) addressing prevention, treatment and protection, professional education and training, with 150 projects funded to date and a total contribution funding of $12.2 million; and
  (2) the Family Violence Initiative (1988-92) with a focus on public awareness, information dissemination, research and evaluation, with a total contribution of $2.2 million in funding for a total of 88 projects, to date.
- The main events were national consultations with Provinces and Territories on Family Violence, and "Working Together": 1989 National Forum on Family Violence.

- The final report of the Special Advisor to the Minister on Child Sexual Abuse, based on his extensive consultations, will provide recommendations to the Minister of National Health and Welfare on appropriate federal roles and responsibilities of a comprehensive strategy to respond to the sexual abuse of children in Canada.

SUPPORT FOR VOLUNTARY AND WOMEN'S ORGANIZATIONS

- Over the five year period, National Welfare Grants has funded 30 projects of specific relevance to women for a total of over $4.6 million, as well as numerous projects of indirect benefit to women and their families. The Child Care Strategy and the Family Violence Initiative were both integrally aided by projects funded by NWG. Fully two thirds of the National Welfare Fellows 1985-90 were women.
- Health Promotion Contributions Program which made women a priority target group, provided just over $6 million to women's and other NGO's across Canada for projects addressing women's health and related concerns.
- Many voluntary social services and health organizations which have a particular focus on issues of concern to women received sustaining grants and project funding from the Department. Of particular note was a $264,000 grant to the Planned Parenthood Federation of Canada for development of a national resource centre on reproductive health and human sexuality.
- Initiatives introduced to help improve the quality of life for seniors in Canada included a $20 million Seniors Independence Program for projects aimed at improving the quality of life and independence of seniors; a $4 million research fund, focusing on diseases affecting seniors (particularly Alzheimer's Disease and osteoporosis); additional funding for the New Horizons Program; and increased support for the National Advisory Council on Aging.

FAMILY HEALTH

- Key projects included: the "Nobody's Perfect" Project designed for disadvantaged families, with information on children's health, safety, development and behaviour; the Post-Partum Parent Support Program, to support health education for families of newborn children; and the Childhood Injury Surveillance System.
- The major focus of activities was designing a multidimensional approach to family health including a Family Health Strategy paper with a focus on vulnerable families e.g. single parents, and Parent Focus interviews conducted to examine needs and concerns in balancing work and family responsibilities.

WOMEN'S HEALTH PROMOTION

- The survey of Key Informants on Women's Health was widely distributed and used extensively to develop strategies, policies and programs related to women's health.
- Achieving Health for All released in November 1986 described an approach to health promotion that is consistent with much of the work done by women's health groups and provided the framework for future activity.
- The Active Health reports on the 1985 Health Promotion Survey included a "satellite" publication on women's health published in 1989.

- The Seniors Initiative (see above) prompted significant activity in funding of community-based projects for seniors, including the 1988 National Workshop on Women in an Aging Society, focused on health and the health care system and economic self-sufficiency.
- As part of the National Strategy to Reduce Tobacco Use in Canada, Health and Welfare assigned high priority to the issue of women and tobacco, within the 1988 Background Paper (updated 1990) and the National Consultation on Women and Tobacco, and the Proceedings, released in 1989.
- National Guidelines on Nutrition in Pregnancy (1987) prepared through federal-provincial collaboration were widely distributed to health professionals and the media.

WOMEN'S HEALTH RESEARCH

- National Symposium on Changing Patterns of Health and Disease in Canadian Women (see OSASW above)
- Gender-sensitive disease surveillance and research into risk factors for chronic diseases in both sexes, especially cancer and cardiovascular diseases continued throughout this period, addressing, inter alia: lung cancer and smoking; breast cancer; breast implant safety; diet and cancer, cardiovascular disease in women; and research on aging.
- NHRDP funding for research support to women's health issue totalled $10,876,000 during the period 1985-1990 and displayed a very wide range of interests and activities by researchers across Canada. Two of the most significant studies were the Canadian Collaborative Study of HIV Infection among sexually active women ($575,000) and the National Study of Screening for Breast Cancer ($1,490,000).

REPRODUCTIVE HEALTH

- During the period, the Bureau of Communicable Disease, Epidemiology published regular reports on Sexually Transmitted Diseases (STD's) and associated complications affecting women and children, including Pelvic Inflammatory Disease (PID) and ectopic pregnancy, STD's in children and youth, cervical dysplasia and AIDS. (The first AIDS case was reported in Canada in February 1982 and the proportion of women among all AIDS cases in Canada has remained relatively stable over time, representing between five and six percent since 1985.) The OSASW worked with the Health Protection Branch on policy development with respect to breast and cervical cancer, and concerning the program of the Vth International Conference on AIDS (Montreal).
- The 1990 report of the Federal/Provincial/Territorial Working Group on Adolescent Reproductive Health recommends intersectoral, coordinated community-based approaches to planning action on a number of public health issues.
- Royal Commission on New Reproductive Technologies will inquire and report on current and potential medical and scientific developments and will consider social, ethical, health, research, legal and economic implications of these technologies and report in 1991.

WOMEN'S OCCUPATIONAL AND ENVIRONMENTAL HEALTH

- The Pregnant Worker - A Resource Document for Health Professionals was published by the F/P/T Advisory Committee on Environmental and Occupational Health (1986).
- Guidelines for the safe use of ultrasound devices including diagnostic ultrasound devices used in fetal monitoring were published in 1989.

- The Senior Adviser monitored and participated policy development and the encouragement of research into various aspects of occupational health including collaborative efforts with the PAHO Director of Occupational Health and with the Women's Bureau, Department of Labour.
- Public Service Health, programs have addressed smoking cessation, indoor air pollution, office automation, ergonomic considerations and many other health-related concerns. The Employee Assistance Component of Public Service Health introduced in all regions provides short-term counselling, referral and follow-up services to female federal employees.

PHYSICAL ACTIVITY AND SPORT

- "Sport Canada Policy on Women in Sport/Politique de Sport Canada sur les femmes et le sport", published in 1986 and reported on annually, has thirteen areas of emphasis, including leadership development, participation development and research; a second edition is currently available.
- Fitness Canada, having undertaken specific studies on girls and women and their participation in physical activity, identified specific issues concerning programming, promotion, leadership and research, and adopted and distributed across Canada "Guiding principles on Girls and Women and Physical Activity", which states girls and women must be provided with improved and appropriate opportunities to participate in all aspects of physical activity.
- The Women's Program provided both funds and personnel resources to National Sports Organizations and multi-sport organizations for projects and programs aimed at increasing and improving the opportunities for girls and women to participate in sport.
- Resources developed by the "Women in Motion/Femmes en marche" program provide information on issues and problems focusing on Fitness Canada's target groups, namely children and youth, older women, women with disabilities and women in the workplace.

NATIVE WOMEN

- Indian and Northern Health Services activities addressing the health of Native Women were significantly developed in all regions during this period, including programs in nutrition, parenting skills, maternal and child health, sex education, family violence, mental health and drug abuse.

IMMIGRANT AND VISIBLE MINORITY WOMEN

- Branches reviewed activities and the potential for program and policy development for accommodating concerns of immigrant and visible minority women in health and social policy, as outlined in the Briefs of the National Organization of Immigrant and Visible Minority Women of Canada (NOIVMWC).
- The OSASW represented HWC at meetings of the Federal Interdepartmental Committee and Working Group on Immigrant and Visible Minority Women and initiated activities with voluntary and professional organizations addressing NOIVMWC's concerns.
- Formal liaison was established with provincial/territorial health ministries for information collection and analysis and to encourage collaborative efforts in addressing common problems.
- The Report of the Canadian Task Force on Mental Health Issues Affecting Immigrants and Refugees - "After the Door Has Been Opened" (1989) included a chapter on the special needs of immigrant and refugee women.

INTERNATIONAL ACTIVITIES

- UN Commission on Status of Women: See OSASW above
- Women Health and Development: See OSASW above
- Intergovernmental and International Affairs Branch continues to monitor the representation of women on international delegations and works with the provinces and other organizations in an effort to establish gender balance on delegations.
- The 1986 World Health Assembly adopted resolution WHA 39.18, drafted and introduced by Canada, which calls for appropriate and meaningful implementation of the Nairobi Forward-Looking Strategies for the advancement of women in health.

APPENDIX II

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Primary Bilary Cirrhosis Mutual Support Network Expansion # 6549-2-0154
Canadian Liver Foundation — Total Contribution: $197,116
Toronto, Ont. — November 1, 1987 to October 31, 1990
This project aimed at increasing the effectiveness of the existing network by forming satellite groups at the local level to strengthen the Primary Biliary Cirrhosis Mutual Support Network Expansion.

Surgery - What Choice Do We Have? Phase Two # 6549-2-0157
National Council on Jewish Women of Canada — Total Contribution: $180,242
Downsview, Ont. — October 1, 1987 to March 31, 1990
The goal of this project is to support women who are considering or recovering from gynecological surgery by increasing their knowledge of gynecological conditions, self-care and support systems, and how to use the health care system.

Towards A Canadian Women's Health Network # 6549-2-0192
Coordinating Committee for a Canadian Women's Health Net. — Total Contribution: $344,967
Ottawa, Ont. — July 15, 1989 to June 15, 1992
The purpose of this project is to develop and maintain a participatory, decentralized process through which groups involved in women's health issues will work together to ensure the continued existence of a women's health network.

Women and Smoking: A Canadian Handbook for Action # 6549-2-0195
Canadian Council on Smoking and Health — Total Grant: $59,878
Ottawa, Ont. — October 25, 1988 to March 31, 1990
The CCSH will complete the adaptation, production and distribution of a Canadian Handbook for Action on Women and Smoking and develop a bilingual information flyer to promote the new resource.

Community Resource Kit on New Reproductive Technologies # 6549-2-0215
The Canadian Research Institute for the Advancement of Women — Total Grant: $18,000
Ottawa, Ont. — November 3, 1989 to March 31, 1990
The goal of this project is to produce and distribute 1000 English and 500 French resource kits on new reproductive technologies to community health groups across the country.

Self-Image Symposium 1990: Who Do We Think We Are? # 6549-2-0228
DisAbled Women's Network Canada — Total Grant: $23,197
Vancouver, B.C. — March 13, 1990 to March 31, 1990
The aim of this project is to organize the first nationwide symposium for women with disabilities to come together and discuss the issues of how self-image affects the high incidence of abuse and related health concerns.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Health Education and Learning Project (H.E.L.P.) "Surgery: A Necessity or Your Choice?" - Phase III # 6549-2-0242
National Council of Jewish Women of Canada — Total Grant: $60,996
Winnipeg, Man. — March 21, 1990 to March 31, 1990
The goal of phase III of this project is to train approximately 75 to 100 additional lay facilitators in order to enable more Canadian women to benefit from the resources developed during phase II.

Women With Addictions # 6550-6-0076
Community Services Council — Total Contribution: $49,191
St. John's, Nfld. — January 1, 1989 to December 31, 1989
To advocate for appropriate and available treatment services for drug dependent women in Newfoundland through the means of a needs assessment which will provide the Committee with the necessary background for informed recommendations.

Northern Childbirth Workshop # 6550-6-0080
Labrador Inuit Health Commission — Total Grant: $24,946
Northwest River, Nfld. — October 23, 1989 to March 31, 1990
The purpose of this project is to conduct a workshop on prenatal and childbirth issues in Northern Labrador for women and their families from the coastal communities.

Self-Help for PMS # 6550-7-0024
East Prince Women's Information Centre Inc. — Total Contribution: $153,296
Summerside, P.E.I. — February 1, 1988 to September 30, 1990
The objectives of this project include informing and educating women about PMS and facilitating the development of effective support systems.

One Woman # 6550-7-0030
Mann House Corp. — Total Contribution: $21,415
Charlottetown, P.E.I. — August 15, 1988 to June 15, 1989
The goal of this project is to provide chemically dependent women with access to community resources, both government and private, which they may require in rebuilding their lives.

Prevention and Cessation of Smoking for Nurses # 6550-7-0037
P.E.I. Council on Smoking and Health — Total Contribution: $33,500
Charlottetown, P.E.I. — June 15, 1989 to March 31, 1990
A strategy will be developed to decrease the number of student nurses initiating smoking, and to decrease the number of student nurses who are presently smokers.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Nine to Five # 6550-7-0038
Mann House Corp Total Contribution: $30,728
Charlottetown, P.E.I. August 1, 1989 to June 30, 1990
The purpose of this project is to develop an out-patient program for chemically dependent women who cannot access the in-patient program which includes a residential component.

Needs Assessment and Plan of Action for Women and Menopause # 6550-7-0040
Women's Network Total Grant: $10,900
Charlottetown, P.E.I. October 15, 1989 to February 28, 1990
The purpose of this project is to produce a needs assessment and plan of action to address the needs of Island women concerning menopause.

Adult Survivors Take Charge # 6550-7-0043
Services for Survivors of Sexual Abuse Total Grant: $11,341
Charlottetown, P.E.I. March 19, 1990 to March 31, 1990
The purpose of this project is to develop program models for adult survivor groups and their children by reviewing literature pertaining to self-help programs for this particular target group.

North End Clinic - Health Education Project # 6550-8-0114
North End Community Health Association Total Contribution: $195,529
Halifax, N.S. January 1, 1987 to May 30, 1989
The purpose of this project is to reduce the social isolation of young mothers in the North End and provide them with opportunities to develop skills in parenting, group organization and leadership.

Nobody's Perfect - Home of the Guardian Angel # 6550-8-0118
Home of the Guardian Angel Single Parent Centre Total Contribution: $79,403
Halifax, N.S. September 1, 1987 to August 31, 1990
The aim of this project is to give young single mothers access to accurate, up-to-date information on their children's health, safety, development and behaviour.

Women's Clinical Resource Development # 6550-8-0150
Nova Scotia Commission on Drug Dependency Total Contribution: $195,500
Halifax, N.S. January 1, 1988 to December 31, 1990
The goal of this project is to enhance treatment services to chemically dependent women in Nova Scotia.

Whole Women # 6550-9-0049
Support to Single Mothers Inc. Total Contribution: $232,244
Moncton, N.B. February 1, 1988 to March 31, 1991
The goal of this project is to identify the health concerns of low income, single women and develop a program to address these issues.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

The Fourth Annual Conference on Women/Chemical Dependency/ Recovery # 6550-9-0066
Amana House Inc. Total Grant: $4,800
Saint John, N.B. October 3, 1989 to March 31, 1990
The purpose of this project is to organize a two and a half-day workshop on women and recovery from chemical dependency and gain greater understanding of the complexity of the addiction issues and the recovery process.

Le groupe d'entraide: "Femmes et Fortes" # 6551-2-0511
Le groupe d'intervention "Le Droit de dire non" Total Contribution: $184,140
Quebec, Que. January 2, 1988 to December 31, 1990
The purpose of this project is to establish a self-help group in Quebec City to serve women who have been abused during their childhood.

Santé mentale des femmes # 6551-2-0512
Maison des Femmes des Bois-Francs Total Contribution: $223,400
Victoriaville, Que. January 4, 1988 to December 31, 1990
The goal of this project is to create a radio "soap opera" consisting of 26 episodes presenting current situations, conflicts and stresses pertinent to mental health.

Les femmes et la nourriture: un rapport conflictuel # 6551-2-0513
Centre des Femmes de Verdun Total Contribution: $169,951
Verdun, Que. January 4, 1988 to December 31, 1990
The aim of this project is to increase women's knowledge about the causes, effects and consequences that eating disorders may have on their lives.

Les femmes se refont la santé # 6551-2-0514
Centre de Santé des Femmes du Quartier Plateau Mont Royal Total Contribution: $175,938
Montreal, Que. April 1, 1988 to March 31, 1991
Three workshops will be held dealing with mental health, sexuality and premenstrual and menstrual discomfort.

Communiqu'Elles: Women and Tobacco Addiction # 6551-2-0541
Les Éditions Communiqu'Elles Total Contribution: $17,760
Montreal, Que. May 1, 1989 to March 31, 1990
The goal of this project is to develop a special section for their magazine entitled "Women and Tobacco Addiction".

Élaboration et mise en oeuvre d'un programme d'abandon du tabac pour les femmes en milieu de travail # 6551-2-0542
Club Santé Respir-Action Total Contribution: $35,197
Joliette, Que. May 6, 1989 to October 31, 1989
A smoking cessation program will be developed specifically to address the needs of women smokers in Quebec.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Time for a change: A Prevention and Mental Health Promotion Program for the Visible Minority Immigrant Women # 6551-2-0569
Chinese Family Service of Greater Montreal — Total Contribution: $139,000
Montréal, Que. — January 1, 1990 to December 31, 1992
The goals of this project are to undertake culturally sensitive measures to promote community awareness around mental health issues, create a social support network and sensitize existing health services of Chinese immigrant women.

La santé des femmes: ça vaut le coût # 6551-2-0570
Le Centre de Santé des Femmes de la Mauricie — Total Contribution: $127,000
Trois-Rivières, Que. — January 1, 1990 to Decemoer 31, 1992
The aim of this project is to conduct collective workshops on women's health and produce a guide dealing with the problems associated with stress, burn-out, post gynecological surgery and related consequences.

Le sida au féminin # 6551-2-0574
Vidéo femmes — Total Grant: $35,000
Québec, Que. — January 31, 1990 to March 31, 1990
The purpose of this video is to help promote a discussion on the issue of women and AIDS in order to increase awareness and encourage preventive behaviour.

Project "Cope" # 6552-2-0133
Elizabeth Fry Society Hamilton Branch — Total Contribution: $343,032
Hamilton, Ont. — January 1, 1988 to December 31, 1990
The purpose of this project is to create an atmosphere of learning to enable participants to understand and increase their control over substance abuse and addiction.

Northwestern Ontario Birthing Booklet # 6552-2-0136
Northwestern Ontario Women's Health Information Network — Total Contribution: $108,488
Thunder Bay, Ont. — December 1, 1987 to June 30, 1990
The goal of this project is to provide women and their families with a booklet containing basic medical and nonmedical information to prepare them for an out-of-town delivery.

Psychotropic Drug Booklets # 6552-2-0144
Kingston Alcohol Referral Centre — Total Contribution: $154,000
Kingston, Ont. — February 1, 1988 to March 31, 1990
The aim of this project is to assist older women and those at mid-life to make informed choices about psychotropic drug use.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Project LIB-AIR-TÉ # 6552-2-0211
Eastern Ontario Health Promotion Foundation — Total Contribution: $56,810
Cornwall, Ont. — June 1, 1989 to June 30, 1990
This project proposes to develop a program that reduces the number of women who smoke in the mainly Francophone county of Prescott-Russell and to increase the number of smoke-free worksites.

Environnement favorable pour le mieux-être des femmes # 6552-2-0214
Réseau des femmes du sud de l'Ontario - Collège Glendon — Total Contribution: $96,000
Toronto, Ont. — September 1, 1989 to March 31, 1990
The goal of this project is to provide its members with a mutual aid and support base to increase physical, mental and social well-being among Franco-Ontarian women in southern Ontario.

Traduction - Taking Care # 6552-2-0215
Union culturelle des Franco-Ontariennes — Total Contribution: $96,830
Ottawa, Ont. — September 1, 1989 to March 31, 1991
The purpose of this project is to translate the "Taking Care" manual in French in order to provide disadvantaged Francophone women with access to adequate, plain-language health information.

The Self-Help/Mutual Aid Option # 6552-2-0217
Self Help Clearinghouse of Metro Toronto — Total Contribution: $42,000
Toronto, Ont. — September 1, 1989 to March 31, 1991
This project plans to administer a program that will facilitate the development of self-help/mutual aid groups and strategies for women who have quit smoking and wish to remain non-smokers, and women who wish to quit smoking.

Woman to Woman # 6552-2-0229
Woman to Woman Committee - Junior League of Hamilton-Burlington — Total Grant: $1,225
Hamilton, Ont. — July 28, 1989 to March 31, 1990
The goal of this project is to coordinate a public awareness campaign to raise the knowledge level of women about alcohol as it relates to their own health.

Addressing the Health Problems of Women in Prison: A Community Approach to Health Care # 6553-2-0059
The Elizabeth Fry Society of Saskatchewan — Total Contribution: $155,297
Saskatoon, Sask. — October 1, 1985 to May 31, 1990
This project seeks to increase the accessibility of health education programs for female offenders in Saskatchewan.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Contemporary Women's Self-Help Program # 6553-2-0073
Contemporary Women's Program Total Contribution: $120,000
Regina, Sask. November 1, 1987 to October 31, 1989
The aim of this project is to develop a series of self-help groups that will complement current programming by going beyond employment to address the issues of physical and mental well-being.

Women and Violence # 6553-2-0074
Ad Hoc Committee on Women and Violence. P.A. Coop Health Centre Total Contribution: $188,100
Prince Albert, Sask. January 2, 1988 to March 31, 1991
The goal of this project is to establish long term mutual support groups which will address issues such as self-esteem, isolation, the stigma of being a battered woman, physical safety and self-care skills.

Proposition de développement de programme de promotion de la santé chez les Franco-Manitobaines # 6553-2-0098
Pluri-elles (Manitoba) Inc. Total Contribution: $48,430
Winnipeg, Man. October 1, 1988 to July 31, 1989
A needs assessment will be done in seven regions in Manitoba dealing with sexuality, pregnancy, childbirth and other parenting concerns.

Women and Substance Abuse # 6553-2-0108
Elizabeth Fry Society of Saskatchewan Inc. Total Contribution: $65,454
Saskatoon, Sask. August 1, 1988 to March 31, 1991
The goal of this project is to develop and implement an educational program on substance abuse to meet the needs of female substance abusers in Prince Albert and Saskatoon.

Stories of Women # 6553-2-0121
Women's Post Treatment Development Proposal Total Contribution: $32,825
Winnipeg, Man. October 1, 1988 to December 31, 1990
To publish a book based on the experiences of women affected by chemical dependency and childhood sexual abuse.

Street Drug Program # 6553-2-0132
Prostitutes and Other Women for Equal Rights, Winnipeg Total Contribution: $85,125
Winnipeg, Man. January 1, 1989 to September 30, 1991
The implementation of a drug awareness and treatment program which will include the preparation and distribution of pamphlets on drug use, using street language.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Outreach Community Health Care Project # 6553-2-0133
Fort Garry Women's Resource Centre Total Contribution: $151,619
Inc.
Winnipeg, Man. July 1, 1989 to September 30, 1991
An Outreach Program will be established to help improve the current situation of mothers in high risk groups and remove barriers that have prevented them from fully accessing available resources.

Women's Mid-Life Health Maintenance Outreach Project # 6553-2-0141
Saskatoon Community Clinic Total Contribution: $57,300
Community Health Services Ltd.
Saskatoon, Sask. November 1, 1988 to March 31, 1991
The goal of this project is to develop a specific health promotion program directed towards women in this target area involving a series of workshops and presentations with various organizations that have a high population of women.

Take Control # 6553-2-0150
Saskatoon Community Health Unit Total Grant: $55,000
Saskatoon, Sask. March 22, 1989 to August 31, 1990
The objective of this project is to develop and implement a smoking cessation program designed by and for women.

Pregnant Women and Tobacco Use Cessation/Prevention Program # 6553-2-0153
Saskatchewan Institute of Applied Total Grant: $45,793
Science and Tech.-Ext. Div.
Regina, Sask. March 22, 1989 to February 28, 1990
The development of new and adaptation of existing smoking cessation programs and resources focussing on the reduction of smoking among young and minority pregnant women.

Women's Smoking Cessation Kit # 6553-2-0154
Women's Health Clinic Total Grant: $40,000
Winnipeg, Man. March 30, 1989 to March 31, 1990
This project will develop a smoking cessation kit to be used by trained lay women and caregivers, to facilitate smoking cessation groups in community settings.

Winning Women - Influencing Decisions in Municipal Government # 6553-2-0160
Council of Women of Winnipeg Total Grant: $15,000
Winnipeg, Man. April 26, 1989 to March 31, 1990
The goals of this project are to hold a conference entitled "Winning Women Think Globally - Act Locally" and to develop a brochure that will serve as an action guide to involve women in municipal elections and decision-making.

Women's Health Fair # 6553-2-0163
Women's Friendship Centre Total Grant: $2,475
Winnipeg, Man. May 16, 1989 to March 31, 1990
A 3-day health fair will be held to provide immediate information on certain health issues and to move the community toward establishing a permanent resource centre to house information relevant to the community.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

Self-Growth Workshops for Women # 6553-2-0175
Women's Health Clinic Total Grant: $21,160
Winnipeg, Man. January 1, 1990 to June 30, 1991
The object of this project is to design and implement a series of self-growth workshops for the prevention of relapse in women who have maintained six months of sobriety.

Promotion and Distribution of the Canadian Breast Cancer Series # 6553-2-0189
YM - YWCA of Winnipeg Total Grant: $33,323
Winnipeg, Man. November 1, 1989 to March 31, 1990
The goal of this project is to promote and distribute the Canadian Breast Cancer Series book.

Women's Projects Coordinator # 6553-2-0193
Saskatchewan Interagency Council on Smoking and Health Total Grant: $16,500
Regina, Sask. October 17, 1989 to March 31, 1990
The objectives of this project are to provide coordination, information and material sharing, and to increase the knowledge base by providing consultation services to participants.

Rapport de Pluri-elles # 6553-2-0206
Pluri-elles (Manitoba) Inc. Total Grant: $995
Winnipeg, Man. January 29, 1990 to March 31, 1990
The purpose of this project is to provide national distribution of the report entitled "Etude des besoins de santé des franco-manitobaines", previously produced by Pluri-elles during the initial phase of the project.

Clerical Worker's Health and Safety Program # 6554-2-0086
Women Skills Development Society Total Contribution: $190,905
Burnaby, B.C. January 1, 1988 to March 31, 1990
The aim of this project is to provide information and education regarding occupational health to women in low-paying, entry-level clerical positions and in clerical training programs in the Lower Mainland area.

Downtown Eastside Women's Centre Health Project # 6554-2-0091
Downtown Eastside Women's Centre Total Contribution: $85,440
Vancouver, B.C. April 1, 1988 to June 30, 1990
The purpose of this project is to increase the availability of health information and resources and to support self care practices by women of the Centre.

Project Soledad # 6554-2-0150
Mennonite Centre For Newcomers Total Contribution: $63,560
Edmonton, Alta. October 1, 1988 to December 15, 1989
The goal of this project is to develop effective, culturally acceptable and accessible resources to stimulate awareness in the community and provide a tool with which to bring women together and create mutual support structures.

The Health Promotion Fund

PROJECTS CONCERNING WOMEN

Funded Projects During the 1989-90 Fiscal Year

The Women and AIDS Project # 6554-2-0221
Vancouver Women's Health Collective Total Contribution: $172,100
Vancouver, B.C. January 2, 1990 to December 31, 1991
The purpose of this project is to conduct a literature review, as well as a needs assessment to determine the problems and obstacles preventing women from practising safer sex.

Take Time To Talk (A Family Life Project) # 6554-2-0237
The DisAbled Women's Network of British Columbia Total Contribution: $32,750
Surrey, B.C. February 6, 1990 to July 31, 1991
The aim of this project is to utilize self-help and mutual aid mechanisms in order to enable disabled women and their children to cope constructively with their adjustment problems.

Crabtree Corner Fetal Alcohol & Narcotic Addicted Syndrome Demonstration Project # 6554-2-0503
YWCA, Crabtree Corner Total Grant: $140,745
Vancouver, B.C. February 7, 1990 to March 31, 1992
The goals of this project are to create community and individual awareness of fetal alcohol and narcotic addicted syndrome, and support mothers and staff who are coping with afflicted children.

APPENDIX III

NATIONAL HEALTH RESEARCH AND DEVELOPMENT PROGRAM (NHRDP)

PROGRAMME NATIONAL DE RECHERCHE ET DE DÉVELOPPEMENT EN MATIÈRE DE SANTÉ

WOMEN'S HEALTH ISSUES

1985-86	$2,227,368.31
1986-87	2,594,529.00
1987-88	1,774,011.55
1988-89	1,908,638.07
1989-90	2,371,874.28

Figures for 1990-91 are not final.

Institution and Principal Investigator(s), Title, Project No., Financial History/
Agences et chercheur(s) Principal(aux), Titre, No. de Projet, Hist. Financière

CHANDRA, R.K.	11,301.00/87-88
Pediatrics, Medicine and Biochemistry,	68,066.25/88-89
Memorial U. of Newfoundland	46,618.75/89-90
Influence of food antigen avoidance during	13,998.00/90-91
pregnancy and lactation and mode of infant	
feeding on development of atopic eczema	
6601-1083-54	
LISTON, Robert	12,163.00/85-86
Obstetrics and Gynaecology, Dalhousie U.	50,193.00/86-87
Fetal movement counting and attitudes in	45,540.00/87-88
pregnancy	8,955.00/88-89
6603-1225-46	4,560.00/89-90
GRANTHAM, Marlene	32,588.00/88-89
Victoria General Hospital	64,666.00/89-90
Further evaluation of a program to measure	10,805.00/90-91
and recognize registered nurses' clinical	
competence at the Victoria General Hospital	
6603-1296-57	
FRASURE-SMITH, Nancy	9,964.00/83-84
Psychiatry, McGill U.	43,342.00/84-85
The psychosocial outcomes of coronary bypass	36,755.07/85-86
surgery: a study of patient and spouse	21,591.03/86-87
adjustment during the first post-surgical	37,881.00/87-88
year	7,358.40/88-89
6605-2021-44	1,797.00/89-90
LIPPMAN, Abby	34,590.00/84-85
Epidemiology and Health, McGill U.	75,456.25/85-86
Early pregnancy loss: its extent, nature	40,730.25/86-87
and relevant for identifying hazards to	0.00/87-88
reproduction	0.00/88-89
6605-2230-53	3,585.00/89-90
LASRY, Jean-Claude	41,050.00/85-86
Psychiatry, Jewish General Hospital	22,905.00/86-87
Quality of life following two types of breast	42,777.00/87-88
cancer surgery	0.00/88-89
6605-2242-43	9,765.00/89-90

IMBACH, Andrée Physiologie, U. de Montréal Étude des paramètres reliés à l'état osseux chez la femme âgée normale vivant à domicile et chez celle hospitalisée pour une fracture de la hanche 6605-2412-56	20,678.49/87-88 67,187.08/88-89 31,642.83/89-90 0.00/90-91 2,561.84/91-92
KLEIN, Michael C. Family Medicine, McGill U. Clinical trial of two perineal management strategies 6605-2731-44	25,799.00/87-88 82,224.00/88-89 87,631.00/89-90 7,533.00/90-91
BRISSON, Jacques Social & Preventive Medicine, Laval U. Risk factors for human papillomavirus type 16 lesions of the uterine cervix: a case control study 6605-2768-54	49,170.00/87-88 147,027.00/88-89 33,044.00/89-90 25,470.00/90-91
SAUCIER, Jean-François Médecine, U. de Montréal Étude sur l'adaptation de la mère à la naissance de son nouveau-né: la détection précoce de la haute probabilité d'une dépression post-partum 6605-2796-44	37,595.19/88-89 127,390.05/89-90 71,003.76/90-91
BEAULAC-BAILLANGEON, Louise U. Laval Quantification de l'exposition du nourrisson aux analgésiques pris par la mère pendant la lactation 6605-2820-52	10,175.99/87-88 11,460.21/88-89 15,141.80/89-90 1,440.00/90-91
INFANTE-RIVARD, Claire Santé Communautaire, Hôpital Sainte-Justine Évaluation du risque d'avortement spontané et de mort foetale en association avec la présence d'un anticoagulant lupique 6605-2827-53	7,461.00/87-88 34,941.00/88-89 30,407.00/89-90 2,958.00/90-91
LAPOINTE, Normand Hôpital Sainte-Justine Vancouver women IVDA\AIDS project development 6605-2904-A50	9,000.00/87-88 0.00/88-89 990.00/89-90

ARBUCKLE, Tannis	11,687.25/87-88
Psychology, Concordia U.	12,985.25/88-89
Long term sequelae and traumagenic factors	16,200.00/89-90
in Childhood Sexual Abuse	
6605-2906-CSA	
HANKINS, Catherine	8,730.00/87-88
Montreal General Hospital	21,436.00/88-89
Risk factors for human immunodeficiency virus	15,832.00/89-90
infection among incarcerated women	105,682.00/90-91
6605-2951-AIDS	105,000.00/91-92
	28,520.00/92-93
FOREST, Jean-Claude	28,342.00/88-89
Centre de recherche de l'hôpital	56,601.00/89-90
Saint-François d'Assise	64,892.00/90-91
Marqueurs biochimiques dans le dépistage	21,565.00/91-92
précoce de la prééclampsie: une étude	
prospective	
6605-2988-52	
MARINIER, Raymonde L.. Pharmacie,	13,485.00/88-89
U. de Montréal	0 /89-90
Projet pilote pour étudier l'efficacité	1,498.00/90-91
d'un programme de relaxation sur le	
servage des hypnotiques et les symptômes	
d'insomnie chronique	
6605-2994-43	
ALARY, Michel, Social and Preventive Medicine,	46,981.25/89-90
U. Laval	105,756.32/90-91
Comparison of amoxicillin and erythromycin	74,531.95/91-92
in the treatment of genital chlamydial	25,252.00/92-93
infection of pregnant women	
6605-2995-54	
LIPPMAN, Abby	5,652.66/88-89
Epidemiology and Biostatistics, McGill U.	47,359.00/89-90
Evaluation of "Info-Grossesse"/The Montreal	32,286.00/90-91
Pregnancy Healthline	
6605-2999-57	
MARCOUX, Sylvie	25,016.00/88-89
Social and Preventive Medicine, Laval U.	80,143.00/89-90
The relation of caffeine intake during	17,484.00/90-91
pregnancy to birthweight	13,627.00/91-92
6605-3066-53	

KRAMER, Michael S.
McGill U.
Is maternal airway hyperreactivity and/or atopy and etiologic determinant of preterm labour
6605-3259-53

26,148.00/89-90
68,452.00/90-91
86,209.00/91-92
20,917.00/92-93
23,525.00/93-94

FOREST, Jean-Claude
Centre de recherche de l'hôpital Saint-François d'Assise
Marqueurs prénatals de la trisomie 21
6605-3266-52

61,899.00/89-90
144,240.00/90-91
54,275.00/91-92
28,379.00/92-93

POMERLEAU, Andrée
Psychologie, U. du Québec à Montréal
Identification des facteurs de risques dans le développement psychologique de nourrissons de deux populations vulnérables (mères adolescentes et mères de milieu socio-économique défavorisé)
6605-3356-64/1

28,064.21/89-90
45,028.85/90-91
61,010.94/91-92
14,900.00/92-93

REMIS, Robert S.
Centre for AIDS Studies, Montreal
Study of HIV seroprevalence among women undergoing abortion in Montreal
6605-3435-AIDS

32,750.00/89-90
44,460.00/90-91
2,880.00/91-92
8,900.00/92-93

TURNER, R. Jay
Health Care Research Unit, U. of Western Ontario
Social support and outcome in teenage pregnancy
6606-2087-43

6610-1570-43

32,641.00/82-83
50,164.00/83-84
51,129.00/84-85
52,472.00/85-86
12,000.00/86-87
24,000.00/86-87
15,765.00/87-88
3,528.00/88-89
1,566.00/89-90

PURDHAM, James
Occupational and Environmental Health Unit, U. of Toronto
The relationship between exposure to anaesthetic agents and abnormal pregnancy outcome in operating room nurses
6606-2898-58

16,669.00/86-87
37,312.00/87-88
0.00/88-89
3,471.85/89-90

URBACH, Gerald	46,227.75/85-86
Obstetrics & Gynaecology, U. of Toronto	35,760.25/86-87
Immunodiagnosis of human ovarian cancer	14,299.00/87-88
6606-2908-54	0.00/88-89
	7,000.00/89-90
KRONDL, Magdalena	10,851.00/86-87
Nutritional Sciences, U. of Toronto	27,325.00/87-88
The influence of adverse reactions to foods	18,199.00/88-89
on food selection and nutritional quality	1,546.05/89-90
of the diet	
6606-3008-56	
JARRELL, John F.	10,424.00/86-87
Obstetrics and Gynaecology, McMaster U.	40,815.00/87-88
Costs and outcomes of an in vitro fertilization	45,889.00/88-89
program	40,936.38/89-90
6606-3255-43	30,000.00/90-91
HANLEY, William B.	17,532.00/86-87
Pediatrics, Hospital for Sick Children	30,404.00/87-88
Collaborative study of the treatment of	46,219.01/88-89
maternal phenylketonuria	64,952.57/89-90
6606-3265-X	71,547.80/90-91
	12,117.24/91-92
FEENY, David	2,959.00/86-87
Epidemiology and Biostatistics, McMaster U.	115,538.50/87-88
Economic evaluation and quality of life	131,378.00/88-89
assessment of prenatal diagnosis: chorionic	11,898.00/89-90
villi sampling versus genetic amniocentesis	
6606-3271-57	
KALNINS, Ilze	3,391.00/86-87
Behavioural Science, U. of Toronto	8,489.00/87-88
Explanatory models of health during pregnancy	0.00/88-89
A study of native women and non-native health	1,293.61/89-90
care providers in Toronto	
6606-3340-55	
DUMAS, Genevieve A.	12,950.00/87-88
Mechanical Engineering, Queen's U.	34,563.00/88-89
Study of postural changes of the trunk during	36,977.00/89-90
pregnancy	0.00/90-91
6606-3429-59	9,388.00/91-92

KRONDL, Magdalena	4,690.00/87-88
Nutritional Sciences, U. of Toronto	13,067.79/88-89
Effect of caffeine and calcium intake on	1,394.00/89-90
the bone mass of postmenopausal women	
6606-3438-56	
GOTLIB, Ian H.	15,211.00/87-88
Psychology, U. of Western Ontario	88,061.54/88-89
The effects of maternal depression on	89,905.00/89-90
infant development	35,518.00/90-91
6606-3465-46	13,935.00/91-92
REID, Robert L.	18,275.00/88-89
Obstetrics and Gynaecology, Queen's U.	13,700.00/89-90
Evaluation of the relationship between	3,600.00/90-91
oestrogen exposure and with withdrawal to	
cyclic symptoms of premenstrual syndrome	
6606-3510-12	
RAWLS, William	21,834.00/87-88
Pathology, McMaster U.	19,043.50/88-89
The role of human papillomavirus types 16	2,917.00/89-90
and 18 in cervical cancer	
6606-3513-54	
ELMSLIE, Thomas	11,200.00/88-89
Elisabeth Bruyère Health Centre	65,799.00/89-90
Assessment of sexual behaviour related to	8,500.00/90-91
transmission of HIV infection among women	9,500.00/91-92
in the primary care setting	
6606-3661-AIDS	
SWARTZMAN, Leona	11,000.00/88-89
Psychology, U. of Western Ontario	39,673.00/89-90
Stress management intervention for	48,175.00/90-91
menopausal hot flushes: elucidating the	19,816.00/91-92
mechanisms of action	13,184.00/92-93
6606-3799-42	
WHIFFEN, Valerie E.	11,184.00/89-90
Psychology, U. of Ottawa	13,000.00/90-91
The comparison of postpartum with	20,480.00/91-92
non-puerperal depression	
6606-4254-64/1	

AVISON, William R. Sociology, U. of Western Ontario Mental and physical health of mothers and children in single-parent families 6606-4262-64/2	20,000.00/89-90 108,500.00/90-91 107,077.00/91-92 66,106.00/92-93
COATES, Randall A., Preventive Medicine and Biostatistics, U. of Toronto The Ontario HIV seroprevalence study in women of reproductive age 6606-4323-AIDS	210,789.00/89-90 69,623.00/90-91 31,000.00/91-92
READ, Stanley E. Hospital for Sick Children Medical evaluation of juvenile prostitutes - a feasibility study 6606-4331-AIDS	57,157.00/89-90 6,350.00/90-91
SILLETT, Mary Pauktuutit, Inuit Women's Association Documentation of traditional Inuit practices related to pregnancy and childbirth 6606-4345-T	18,411.00/89-90 7,137.00/90-91
HARDING, Godfrey K.M. Infectious Diseases and Disease Control, St. Boniface General Hospital Epidemiology and strategies for management of hospital-acquired catheter-associated urinary tract infections in women after catheter removal 6607-1351-54	2,990.00/84-85 25,591.25/85-86 27,624.75/86-87 22,491.74/87-88 16,144.26/88-89 1,550.00/89-90
COHEN, Marsha M. Social and Preventive Medicine, U. of Manitoba A population-based study of cervical screening in Manitoba 6607-1401-53	10,121.70/85-86 40,319.44/86-87 31,801.00/87-88 26,930.92/88-89 21,461.78/89-90 2,090.00/90-91
O'NEIL, John D. Social and Preventive Medicine, U. of Manitoba The impact of obstetric evacuation policy on Inuit women and their families in the Keewatin region, Northwest Territories 6607-1441-57	102,785.00/87-88 119,771.09/88-89 101,103.20/89-90

PLUMMER, Francis A. Medical Microbiology, U. of Manitoba Perinatal transmission of HIV infection and paediatric AIDS 6607-1444-AIDS	45,000.00/86-87 42,237.00/87-88 59,027.00/88-89 74,992.00/89-90 20,000.00/90-91
GODEL, John C. Pediatrics, U. of Alberta Northern infant nutrition study 6609-1342-56	29,108.00/86-87 123,031.00/87-88 59,149.00/88-89 90,000.00/89-90 1,077.33/90-91
WATANABE, Hiroko Medicine, U. of Calgary Studies on premenstrual tension syndrome 6609-1344-52	11,704.00/86-87 0.00/87-88 9,118.00/88-89 3,000.00/89-90 1,261.00/90-91
ROMANOWSKI, Barbara Alberta Dept. of Health Canadian collaborative study of human immunodeficiency virus infection among sexually active women 6609-1444-AIDS	17,550.00/86-87 215,650.00/87-88 229,144.87/88-89 226,322.75/89-90 22,310.00/90-91
MORSE, Janice M. Nursing, U. of Alberta The relationship between maternal fluid intake and breast milk supply 6609-1523-56	13,495.00/88-89 500.00/89-90
LINDEN, Wolfgang Psychology, U. of British Columbia Behavioural management of hypertensive, pregnant women 6610-1501-44	23,707.65/86-87 22,119.00/87-88 7,616.00/88-89 20,269.00/89-90 9,639.00/90-91 9,261.00/91-92
CHOW, Anthony Div'n of Infectious Diseases, Vancouver General Hospital Vaginal mechanical contraceptive devices and urinary tract infections 6610-1534-54	42,159.00/86-87 71,560.00/87-88 23,180.00/88-89 55,147.00/89-90

TINGLE, Aubrey J.
Paediatrics, U. of British Columbia
Postpartum rubella immunization: a randomized placebo-controlled clinical trial
6610-1613-54

30,000.00/89-90
40,000.00/90-91

YANG, Chin-Po Paul
Cancer Control Agency of British Columbia
The influence of lactation, prior abortions, postmenopausal progestin use, occupational exposures and passive smoking on the incidence of breast cancer
6610-1834.55

4,755.00/89-90
8,100.00/90-91
1,411.00/91-92

MILLER, A.B.
Epidemiology Unit, National Cancer Institute and U. of Toronto
National study of screening for breast cancer
6613-1149-X

4,951.15/79-80
250,000.00/80-81
500,000.00/81-82
730,860.00/82-83
772,248.85/83-84
530,000.00/84-85
320,000.00/85-86
900,000.00/86-87
0.00/87-88
120,000.00/88-89
150,000.00/89-90

RISCH, Harvey A.
U. of Toronto
A record-linkage cohort study of menopausal hormone usage and endometrial cancer in Saskatchewan
6613-1324-53

22,988.00/89-90
27,488.00/90-91

APPENDIX IV

NATIONAL CLEARINGHOUSE ON FAMILY VIOLENCE PUBLICATIONS

- Family Violence: A Review of Theoretical and Clinical Literature/La violence familiale: Examen des écrits théoriques et cliniques (March 1989)

- Report of Federal Government Consultation on Family Violence with National Non-Governmental Organizations/Rapport de consultation du gouvernement fédéral avec les organisations nationales non gouvernementales au sujet de la violence familiale (July 1989)

- Child Sexual Abuse Initiative: Summaries of Funded Projects (1986-1989); Résumé des projets subventionnés dans le cadre de l'initiative sur l'exploitation sexuelle d'enfants (1986-1989); (March 1990)

- Child Abuse: Discussion Paper prepared by Andy Wachtel for the National Forum on Family Violence; Mauvais traitement à l'égard des enfants: Document de travail préparé par Andy Wachtel pour la Conférence nationale sur la violence familiale; (May 1989)

- Wife Battering and the Web of Hope: Progress, Dilemmas and Visions of Prevention - Discussion Paper prepared by Linda MacLeod for the National Forum on Family Violence; Espoirs et déceptions dans le domaine des femmes battues: progrès, dilemmes et perspectives de prévention - document de travail préparé par Linda MacLeod pour la Conférence nationale sur la violence familiale; (May 1989)

- Elder Abuse: Discussion Paper prepared by Nancy Gnaedinger for the National forum on Family violence; Les mauvais traitements infligés aux personnes âgées: Document de travail préparé par Nancy Gnaedinger pour la Conférence nationale sur la violence familiale; (May 1989)

- Child Sexual Abuse Overview: A Summary of 26 Literature Reviews and Special Projects/Aperçu général sur les agressions sexuelles contre les enfants: Résumé de 26 analyses de documentation by/par Sherri Torjman; (1989)

- Fact sheets on Wife Abuse, Child Sexual Abuse, Dating Violence, Adolescent Sexual Offenders; Les fiches de renseignements sur la violence conjugale, l'agression sexuelle d'enfants, la violence dans les fréquentations, les adolescents coupables d'infraction sexuelle; (January 1990)

Copies are available from the:

National Clearinghouse on
Family Violence
Tunney's Pasture
Brooke Claxton Building
Room 744
Ottawa, Ontario
K1A 1B5

Tel: (613) 957-2938
or
1-800-267-1291

APPENDIX V

Representation of Women on International Delegations

Year	WHO Total No. of Delegates	No. of Women Delegates	PAHO Total No. of Delegates	No. of Women Delegates
1987	13	3	7	2
1988	14	4	8	2
1989	11	3	7	2
1990	16	4	8	2

The Senior Adviser, Status of Women, in the Department of Health and Welfare played a key role in the discussions of the Canadian delegation relating to women's issues. She also participated as the Canadian representative to a PAHO Special Sub-Committee on Women, Health and Development. She also served on an expert Committee of the World Health Organization and played an active role in the development of WHO's strategy to implement the Nairobi Forward Looking Strategies in the Health Sector.

APPENDIX VI

Employment Equity Program

I. Overview

June 1983 marked the announcement of the Affirmative Action Program (now entitled Employment Equity) by Treasury Board. This program had a threefold objective:

- to ensure the equitable representation of women, aboriginal peoples and persons with disabilities within the Public Service;

- to neutralize employment systems which systemically discriminate against target groups;

- to actively assist women, aboriginal peoples and persons with disabilities in achieving equitable representation within a reasonable timeframe through temporary special measures.

Furthermore, the Federal Government announced in 1986 a series of special measures to increase the representation of members of visible minority groups within the Federal Public Service.

The operation of all special measures programs has been extended to 1993. Some modifications were made to these programs to provide uniformity in their operation.* In addition the title of the Program was changed from Affirmative Action to Employment Equity.

The PSC OPTION program is designed to assist women in finding employment in non-traditional occupations for women i.e. one which women have not commonly entered, often because of societal norms about "women's work".

In the Public Service, two criteria identify "non-traditional" occupations:

- external availability is not more than 30%, and

- current representation within the Public Service is not more than 30%.

* Activities related to aboriginal peoples, disabled persons and visible minority groups will not be discussed in this report.

II. Employment Equity: Women in Health and Welfare Canada

Employment Equity data has been fully integrated into the Department's Multi-Year Human Resource Plan (MYHRP) and will be used to update, modify and build the department's ongoing Employment Equity Plan. The reporting format to Treasury Board provides for the identification of hierarchical levels that required particular effort to raise their representation. Health and Welfare Canada identified the following hierarchical levels and set targets for March 31, 1991 which have since been approved by Treasury Board in their decision letter of December 31, 1989:

Occupational Category	Hierarchical Level	Women 1991 Target
Management	-	18.0%
Scientific & Professional	Senior	43.1%
	Intermediate	37.2%
Administrative and Foreign Service	Senior	31.1%
	Intermediate	46.2%
Technical	Intermediate	8.9%
	Junior	47.7%
Operational	Junior	28.6%
Non-traditional occupations	-	32.0%

The representation of women in Health and Welfare Canada as depicted in the following chart shows an increase in the Management, Administrative and Foreign Service and Technical categories.

There remains some work to do at the intermediate and seniors levels of the Scientific and Professional Category which has evidenced some decrease in representation. The junior level however has risen providing a feeder group for possible promotional opportunities.

The Operational category has also experienced some decline especially at the junior level. This may be due to lack of opportunities for promotion within the department as only 9 intermediate level positions exist.

III. Personnel Management Information System

A new computerized Personnel management Information System (PMIS) has been developed, is in the pilot stage and should be fully operational by approximately April 1991. This system will provide for the identification of high potential women and can also provide historical information on the career paths, training and developmental assignments of any employee. Through this system, those identified may be considered for developmental assignments.

Representation of Women by Category
1989-1990

Category	March 31, 1989		March 31, 1990		% Change in Representation
	Total Employees	% Women	Total Employees	% Women	
Management	156	21.2	159	23.9	+2.7
Scientific and Professional					
- Junior	847	77.9	717	82.7	+4.8
- Intermediate	902	36.9	977	37.3	-0.4
- Senior	199	40.2	225	36.4	-3.8
Administrative and Foreign Service					
- Junior	937	61.3	905	62.1	+0.8
- Intermediate	506	42.7	520	46.2	+3.5
- Senior	128	28.9	138	35.5	+6.6
Technical					
- Junior	546	48.7	538	49.3	+0.6
- Intermediate	52	3.8	59	8.5	+4.7
- Senior	1	-	1	-	-
Administrative Support	3588	83.5	3436	83.4	-0.1
Operational					
- Support	254	59.8	223	59.2	-0.6
- Junior	197	41.6	192	39.6	-2.0
- Intermediate	10	-	9	-	-
TOTAL	8323	65.2	8099	64.8	-0.4
Non-traditional occupations	NOT AVAILABLE		1797	29.5	-

APPENDIX VII

PUBLICATIONS FOR STATUS OF WOMEN

ANNUAL REPORT

The Department of Health and Welfare Canada produces a variety of publications, many of particular interest to women. For further information, please call or write:

Publication Distribution Centre
Health and Welfare Canada
19th Floor
Jeanne Mance Building
Tunney's Pasture
Ottawa, Ontario
Canada
K1A 0K9

Telephone: (613) 952-9191

APPENDIX VIII

DEPARTMENTAL ADVISORY COMMITTEE ON THE STATUS OF WOMEN CONCERNS

Cullen, A./Olivares-Guevara, S.
Policy, Communications and Information Branch

Davis, L
Medical Services Branch

Doolan, C.
Income Security Programs Branch

Downie, P.
Intergovernmental and International Affairs Branch

Flaherty, Dr. M.J.
Principal Nursing Officer

Gonzalez, J.
Personnel Administration Branch

Goudreault, Dr. L.
Health Services and Promotion

Hansen, S./Miville, C.
Seniors Secretariat

Hayes, D./Law, L.
Social Services Programs Branch

Hobbs, B.
Communications Directorate
Policy, Communications and Information Branch

Ladouceur, D./Palmason, D.
Fitness and Amateur Sport

Paltiel, F.L.
Senior Adviser, Status of Women
Chair

Wilkins, K.
Health Protection Branch

COMITÉ CONSULTATIF MINISTÉRIEL SUR LA SITUATION DE LA FEMME

Cullen, A./Olivares-Guevara, S.
Direction générale de la politique, des communications et de l'information

Davis, L.
Direction générale des services médicaux

Doolan, C.
Direction générale des programmes de la sécurité du revenu

Downie, P.
Direction générale des affaires intergouvernementales et internationales

Flaherty, Dr. M.J.
Infirmière conseillère principale

Gonzalez, J.
Direction générale de l'administration du personnel

Goudreault, Dr. L.
Direction générale des services et de la promotion de la santé

Hansen, S./Miville, C.
Secrétariat du Troisième âge

Hayes, D./Law, L
Direction générale des programmes de service sociaux.

Hobbs, B.
Direction générale de la politique, des communications et de l'information

Ladouceur, D./Palmason, D.
Condition physique et Sport amateur

Paltiel, F.L.
Conseillère principale,
Situation de la femme
Présidente

Wilkins, K.
Direction générale de la protection de la santé

APPENDIX VIII (CON'T)

Secretariat	Secrétariat
Deek, H Recording Secretary	Deek, H. Secrétaire du Comité
Lagasse, V.	Lagasse, V.
Mattern, C.	Mattern, C.
Miron, C.	Miron, C.
Pearl, B.	Pearl, B.
Wieser, L.	Wieser, L.